

Breakdown of Costs

IN THE { MERGEFIELD TK_PICOURTDETS tkCIVILCRT_name }
CLAIM NUMBER: { MERGEFIELD TK_PICOURTDETS tkCLAIMNO }

B E T W E E N : -

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }

Claimant

- and -

{ IF { MERGEFIELD TK_PIDEF1DETAIL tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL tkDEF1CONAME }" }

Defendant

THE CLAIMANT'S SCHEDULE OF COSTS WITHOUT PREJUDICE

OUR REF: { MERGEFIELD "MATTER_FEE_EARNER_ID" }/{ MERGEFIELD "Client_No"
}/{ MERGEFIELD "Matter_No" }

HOURLY RATE: ***

LETTERS OUT: ***

TELEPHONE ATTENDANCES: ***

Our professional charges in acting on behalf of { MERGEFIELD "LINKNAME_TITLE_1"
} { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }.

On { MERGEFIELD TK_ACCDETS tkACCDATE \@ "d\"*Ordinal} { MERGEFIELD
TK_ACCDETS tkACCDATE \@ "MMMM yyyy} { MERGEFIELD "LINKNAME_TITLE_1" }
{ MERGEFIELD "LINKNAME_SURNAME_1" } sustained a { MERGEFIELD
TK_PIINJMEDDETS TK_INJURIES } as a result of an accident at { MERGEFIELD
TK_ACCDETS tkACCLCATION }. The claimant averred that the defendant was
negligent and in breach of a statutory duty for { MERGEFIELD
TK_PIADDCLMDETS tkLEGAL_BASES }.

{ IF { MERGEFIELD TK_PIDEF1DETAIL tkDEF1LIABADM } = "No" "Liability was not in
issue between the parties with the only issue causation and quantum of damages.

" "Liability was vigorously contested between the parties.

" }

{ IF { MERGEFIELD TK_PICOURTDETS tkDATEISSUE } <> "" "The claimant brought
proceedings in the { MERGEFIELD TK_PICOURTDETS tkCIVILCRT_name } and
served the same on or about **. Both parties filed allocation questionnaires and the
matter was subsequently settled for the sum of £**" "The matter was finally settled pre-
proceedings after various Part 36 Offers in the sum of £** " }.

The costs breakdown provided gives a summary of the work entailed by the Claimant's

Solicitors to the date of settlement and is provided "without prejudice" to a formal Bill of Costs which may be required should the matter in relation to costs proceed to Detailed Assessment.

The costs summarised below are reflective of the following and include the following:

All attendances with client, telephone attendance and consideration of client's instructions in order to advise on all legal aspects of the claim including that of liability, special damages and medical causation. To include reviewing the medical evidence in order to advise the client and the potential issues in relation to causation.

All Letters delivered to various parties to further the Action (including E-mail and facsimile transmissions), telephone attendances with all parties including witnesses, medical experts, GP, relevant medical authorities, client's Insurers, Defendant, Third Party Insurers; Solicitors, if any instructed.

The time engaged includes all file reviews, diary notes and entries, consideration, and contemplation of the file, attending to and preparation of documents (including legal documentation and appropriate Schedules) together with collation of documents, attendance notes, dictation time, research into quantum including Kemp, Current Law and JSB Guidelines, all negotiations in relation to settlement.

{ MERGEFIELD "CALCULATION_FEE_EARNER_DESCRIPTION" }, solicitor, had the overall conduct of this matter; s/he is a Grade A fee earner. { IF { MERGEFIELD "TK_PICLIENTINFO_tkTYPEFUNDING" } = "CFA" " The claim was undertaken on a conditional fee basis { IF { MERGEFIELD TK_PICLIINSDETS_TK_BTEATEINS } = "No" "(without ATE Insurance)" "(with ATE Insurance - see Certificate attached)" } and in accordance with the indemnity principle." "" }

1. Correspondence and telephone attendances

(i) Letters and Outgoing E mails

(ii) Telephone Attendances

Sub Total

2. Claimant

(i) Attendances with Client

(ii) Travelling to and from client's home address

(iii) Preparation of proofs/Attendance / Notes/ Sketches/ Questionnaires

(iv) Completing Risk Assessment and Preparing CFA Documentation

Sub Total

3. Witnesses

(i) Preparation of Questionnaires / Long letters

(ii) Attendances

Sub Total

4. Medical Evidence

(i) Obtaining and Considering Reports/ Letters

(ii) Perusing and Considering Medical Records and Notes

(iii) Perusing and Considering Defendants Evidence

Sub Total

5. Special Damages

(i) Obtaining and Considering Details Of Client's Losses (including loss of earnings and state benefits if any)

Sub Total

6. Considering Quantum and Drafting Part 36 Offer in Settlement

(i) Collation of Relevant Case Law and JSB Guidelines

(ii) Preparing and Advising on Part 36 Offer

Sub Total

{ IF { MERGEFIELD TK_PICOURTDETS_tkDATEISSUE } <> "" "
Court Proceedings

Drafting Instructions to Counsel

Preparing Claim Form, Checking Particulars Medical report and Schedule; preparing
Notice of Funding

Perusing Defence

Sub Total " "" }

{ IF { MERGEFIELD TK_PICOURTDETS_tkDATEISSUE } <> "" "

Allocation Questionnaire and Directions

(i) Preparing Allocation Questionnaire

(ii) Preparing Draft Directions

Settlement

(i) Drafting Consent Order

(ii) Lodging Consent Order at Court

Sub Total " " }

7. Supervision and File Reviews

(i) Relevant Supervision and File Reviews.

Sub Total

8. Preparing Schedule of Costs

(i) Perusing Papers to Prepare Bill of Cost; checking disbursements and signing bill.

Sub Total

9. Grand Total of Profit Costs

10. VAT at 20%

11. Disbursements

(i) Medical Reports

{ IF { MERGEFIELD TK_PIINJMEDDETS_tkMEDRECORDS } = "Yes" "(ii)GP or Hospital Records = £ " " " }

{ IF { MERGEFIELD TK_PICLIINSDETS_TK_BTEATEINS } = "Yes" "(iii)ATE Insurance Premium Claimed= £ " " " }

{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

Brief to Counsel

IN THE { MERGEFIELD TK_PICOURTDETS tkCIVILCRT name * UPPER }

CLAIM NUMBER: { MERGEFIELD TK_PICOURTDETS tkCLAIMNO }

B E T W E E N : -

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }

Claimant

- and -

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }

Defendant

BRIEF TO COUNSEL
TO REPRESENT THE CLAIMANT

Counsel receives herewith copies of the following:-

1.

Counsel is instructed on behalf of the Claimant in this matter.

Should Counsel have any questions or queries s/he should feel free to telephone instructing solicitors.

.....
{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

Dated

IN THE { MERGEFIELD

TK_PICOURTDETS tkCIVILCRT_name * UPPER
}

CLAIM NUMBER: { MERGEFIELD
TK_PICOURTDETS tkCLAIMNO }

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" } {
MERGEFIELD "LINKNAME_SURNAME_1" }
Claimant

- and -

{ IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }
Defendant

BRIEF TO COUNSEL TO
REPRESENT THE CLAIMANT

Clerk to { MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_title } {
MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_forename } {
MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_surname }
{ MERGEFIELD
"TK_PICOURTDETS_tkCOUNSELCHBRS_address" }

Client Infant Approval Cos Claim

Form

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b36d74ea87da\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
 client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ *
MERGEFORMAT }

{ IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDFORE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }
{ MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDADDR }" "{ MERGEFIELD
LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }" "{ IF { MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION }" }" }

Re: { MERGEFIELD MATTER MATTER_DESCRIPTION }

As discussed the claim has been agreed at £{ IF { MERGEFIELD
TK_PIVALUE_TK_TOPUP_AMT } = "" "{ MERGEFIELD "TK_PIVALUE_TK_PT36_AMT_D" }"
"{ MERGEFIELD "TK_PIVALUE_TK_TOPUP_AMT" }" } for { MERGEFIELD
"LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }'s claim and you
confirmed you were happy with this sum.

Procedure

As previously discussed, any money due to your { IF { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Son" "son" "" }{ IF { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Daughter" "daughter" "" }{ IF { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Other" " " * " " } will be held on trust for { IF {
MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Son" "him" "" }{ IF {
MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Daughter" "her" "" }{ IF {
MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Other" "him/her" "" } by the court

{INCLUDETEXT

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b36d74ea87da\\footer.doc"}

until { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Son" "he" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Daughter" "she" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Other" "s/he" "" } reaches 18 years old. At present, I am currently preparing the papers so that we may apply to the court to fix a hearing date for the matter to be dealt with.

This is known as an 'infant approval hearing' and is an informal hearing to approve that our valuation of { MERGEFIELD "LINKNAME_FORENAME_1" }'s claim is correct. Primarily these informal hearings are required to ensure the interests of a child claimant are safeguarded.

The Hearing

You will need to attend this hearing with { MERGEFIELD "LINKNAME_FORENAME_1" } and bring with you { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Son" "his" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Daughter" "her" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Other" "his/her" "" } passport and a copy of { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Son" "his" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Daughter" "her" "" } { IF { MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDRSHIP } = "Other" "his/her" "" } birth certificate. The hearing will be at { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }.

I will of course update you once I have received a date for the hearing, together with some further information about the hearing and directions.

Please also find enclosed a Certificate of Suitability of Litigation Friend and Claim Form. Please sign the documents where indicated.

Certificate of Suitability of Litigation Friend: as { MERGEFIELD "LINKNAME_FORENAME_1" } is under 18 years old, the Court Rules require that the proceedings, whilst taken in { MERGEFIELD "LINKNAME_FORENAME_1" }'s name, must be supported by an adult who is known as the 'litigation friend'.

I believe you are the most suitable person to act as litigation friend and hope, therefore, that you are happy to act in this role. The Court Rules also provide that you must agree, in writing, to act and give the court certain assurances.

It may be useful if I summarise what signature of the form means.

- (a) You are agreeing to act as the litigation friend of { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" }
- (b) You are confirming that you have no interests which conflict with those of { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } in the claim.
- (c) You are accepting responsibility for any liability { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } may have for the legal costs of the Defendant in dealing with the claim. Whilst it is right to make this clear, I do not think giving this assurance will lead to any liability on your part to pay costs as:
 - (i) this concerns only the legal costs of the Defendant, as the costs of { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD

- "LINKNAME_SURNAME_1" } in pursuing the claim will continue to be covered by the conditional fee agreement you signed originally;
- (ii) { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } would only have liability for the legal costs of the Defendant if the claim were unsuccessful. Liability has already been admitted and our Part 36 offer to settle accepted by the Defendant insurers;
- (iii) even if the claim were unsuccessful, the insurance policy, taken out when the conditional fee agreement was entered, would then cover any liability { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD "LINKNAME_SURNAME_1" } might have to pay the costs of the Defendant.

I hope the above provides an explanatory guide. Please sign and date the Certificate of Suitability and Claim Form and return them to me as soon as possible.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Client Part 36 Sent (Infant Claim)

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e4dcb7b84a1c\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
 client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ *
MERGEFORMAT }

{ IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDFORE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }
{ MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDADDR }" "{ MERGEFIELD
LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }" "{ IF { MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION }" }" }

Re: { MERGEFIELD MATTER MATTER_DESCRIPTION }

I write to update you on the progress with this claim.

Thank you for returning the Settlement Authority Infant Claim Form confirming that you are happy with the medical evidence, Schedule of Loss and valuation together with our settlement offer advice.

I confirm the formal offer with supporting medical evidence and Schedule of Loss have now been sent to the defendant insurers.

They now have 28 days in which to respond to us and I will advise you within your regular monthly update once I have received their response.

Yours sincerely

{INCLUDETEXT

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e4dcb7b84a1c\\footer.doc"}


```
{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME\*UPPER }
```

Client Valuation

{INCLUDETEXT

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Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
 client_no }/{ MERGEFIELD matter_no }

Your Ref:

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \ *
MERGEFORMAT }

{ IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDFORE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }
{ MERGEFIELD TK_PICLIENTINFO_TK_LITFRNDADDR }" "{ MERGEFIELD
LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_INITIALS_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }
{ MERGEFIELD CALCULATION_ADDRESS }" }

Dear { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDTITLE } { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN }" "{ IF { MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION } = "" "{ MERGEFIELD LINKNAME_TITLE_1 } {
MERGEFIELD LINKNAME_SURNAME_1 }" "{ MERGEFIELD
TK_PICLIENTINFO_tk_SALUTATION }" } }

Re: { MERGEFIELD MATTER MATTER DESCRIPTION }

I write to update you on the progress with { IF { MERGEFIELD
TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "this" "your" } claim.

Further to your approval of the medical report from { IF { MERGEFIELD
TK_PIIJMEDDETS_TKMED_EXP_INSTR } = "Expert 1" "{ MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT1_title" } { MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT1_forename" } { MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT1_surname" }" "{ IF { MERGEFIELD
TK_PIIJMEDDETS_TKMED_EXP_INSTR } = "Expert 2" "{ MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT2_title" } { MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT2_forename" } { MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT2_surname" }" "{ IF { MERGEFIELD
TK_PIIJMEDDETS_TKMED_EXP_INSTR } = "Expert 3" "{ MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT3_title" } { MERGEFIELD
"TK_PIIJMEDDETS_tkMEDEXPERT3_forename" } { MERGEFIELD

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3f078f507290\\footer.doc"}

"TK_PIINJMEDDETS_tkMEDEXPERT3_surname" }" "" }" }", and upon the basis of this evidence, I have made an assessment with regard to the value of { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "this" "your" } claim. This relates to the injury { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "" "you have " } sustained, and includes pain and suffering and loss of any amenities. In assessing the value, I used guidelines provided by the Judicial Studies Board and existing case law.

I have valued { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "this" "your" } claim in the region of £{ MERGEFIELD "TK_PIVALUE_TK_GEN_DAMS_AMT" }. This is based on the recovery period put forward by the specialist and subject to your agreement of the medical report.

This amount is for { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "the" "your" } injuries only and does not include any out of pocket expenses to be claimed. This is set out in the Schedule of Special Damages / Schedule of Expenses attached and includes all the expenses in law you can claim.

With the above figure in mind, I would look to put forward a figure of £ * to the third party insurers to settle { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "this" "your" } claim. This figure is higher than the estimation above as it will allow me room for negotiation with the insurers.

I would be grateful if you could confirm your agreement to the enclosures or any additions which need to be made by returning the authority mandate to me in the stamped addressed envelope enclosed. If you do not agree please mark this form accordingly and send it back with your comments.

Please note that if the insurers do settle for this sum, we cannot claim any higher amount or reopen { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "this" "your" } claim as it will be on a full and final basis.

Yours sincerely

{ MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }
{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Encs

Counsel Enc Instructions (Infant

Claim)

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318fe96527b8\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PICOURTDETS_tkCOUNSELREF }

{ SET LETTER { DATE \@ "d MMMM yyyy" }}{ref LETTER \@ "d MMMM yyyy" }

Clerk to { MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_title } { MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_forename } { MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_surname }
{ MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_compname }
{ MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_compaddress }

Dear Sir

Re: INFANT CLAIMANT

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" } -v- { IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }

We are instructed by the above named Claimant and now enclose our papers for Counsel's
attention.....

We look forward to hearing from you.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT

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318fe96527b8\\footer.doc"}

Counsel Enc Instructions

{INCLUDETEXT

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834a919c0c5b\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PICOURTDETS_tkCOUNSELREF }

{ SET LETTER { DATE \@ "d MMMM yyyy" }}{ref LETTER \@ "d MMMM yyyy" }

Clerk to { MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_title } { MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_forename } { MERGEFIELD
TK_PICOURTDETS_tkCOUNSEL_surname }
{ MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_compname }
{ MERGEFIELD TK_PICOURTDETS_tkCOUNSEL_compaddress }

Dear Sir

Re: INFANT CLAIMANT

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" } -v- { IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
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{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

{INCLUDETEXT

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834a919c0c5b\\footer.doc"}

Counsel Instructions (Infant Claim)

IN THE { MERGEFIELD TK_PICOURTDETS tkCIVILCRT name * UPPER }

CLAIM NUMBER: { MERGEFIELD TK_PICOURTDETS tkCLAIMNO }

B E T W E E N : -

{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }

Claimant

- and -

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }

Defendant

BRIEF TO COUNSEL
TO *****

INFANT CLAIM

INSTRUCTIONS TO COUNSEL TO * SETTLE PARTICULARS OF CLAIM / * ADVISE ON QUANTUM

Enclosures:-

1. Questionnaire completed by proposed Claimant;
2. Relevant Correspondence between the parties;
3. Medical Report of { IF { MERGEFIELD TK_PIINJMEDDETS_TKMED_EXP_INSTR }
= "Expert 1" "{ MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT1_title" } {
MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT1_forename" } { MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT1_surname" }" "{ IF { MERGEFIELD
TK_PIINJMEDDETS_TKMED_EXP_INSTR } = "Expert 2" "{ MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT2_title" } { MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT2_forename" } { MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT2_surname" }" "{ MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT3_title" } { MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT3_forename" } { MERGEFIELD
"TK_PIINJMEDDETS_tkMEDEXPERT3_surname" }" } }, dated *
4. Schedule of Special Damages;
5. Instructing Solicitors Attendance Note on Quantum.

The Facts

In this proposed action the Claimant claims damages for personal injury and losses arising out of { IF { MERGEFIELD TK_ACCDETS_tkACCTYPE } = "RTA" "a road traffic accident" "{ MERGEFIELD "TK_ACCDETS_tkACCTYPE" }}" } on { MERGEFIELD TK_ACCDETS_tkACCDATE \@ "d" *Ordinal } { MERGEFIELD TK_ACCDETS_tkACCDATE \@ "MMMM yyyy" }. { IF { MERGEFIELD TK_PICLIENTINFO_tkTYPEFUNDING } = "CFA" "The claim is being funded by way of a conditional fee agreement with a success fee. Counsel is instructed on a CFA/Disbursement basis." "The claim is being funded by way of * . Counsel is instructed on a * basis." }

The Issues

Counsel will note that liability { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1LIABADM } = "Liability Admitted" "is not in dispute with the Defendant's insurers by letter admitting negligence/ breach of statutory duty." "{ IF { MERGEFIELD "TK_PIDEF2DETAIL_tkDEF2LIABADM" } = "Liability Admitted" "is not in dispute with the Defendant's insurers by letter admitting negligence/ breach of statutory duty." "{ IF { MERGEFIELD "TK_PIDEF3DETAIL_tkDEF3LIABADM" } = "Liability Admitted" "is not in dispute with the Defendant's insurers by letter admitting negligence/ breach of statutory duty." "is in dispute." }" } } { IF { MERGEFIELD TK_PIVALUE_TK_PT36_AMT_D } <> "" }

Counsel will also see that a Part 36 Offer was made on the Claimant's behalf on { MERGEFIELD TK_PIVALUE_TK_PT36_DT_PD \@ "d" *Ordinal } { MERGEFIELD TK_PIVALUE_TK_PT36_DT_PD \@ "MMMM yyyy" } amounting to £{ MERGEFIELD TK_PIVALUE_TK_PT36_AMT_D }. This has not been accepted by the Defendant(s) nor have any satisfactory proposals been put forward." "" }

Evidence

The Claimant relies upon the evidence of:

{ IF { MERGEFIELD TK_PIOTHEREXPS_TK_ENG_REP_DISC } = "Yes" "{ MERGEFIELD "TK_PIOTHEREXPS_TKENGINEER_title" } { MERGEFIELD "TK_PIOTHEREXPS_TKENGINEER_forename" } { MERGEFIELD "TK_PIOTHEREXPS_TKENGINEER_surname" } -" "" }	{ IF { MERGEFIELD TK_PIOTHEREXPS_TK_ENG_REP_DISC } = "Yes" "Engineer" "" }
{ IF { MERGEFIELD "TK_PIOTHEREXPS_TK_PI_REP_DISC" } = "Yes" "{ MERGEFIELD "TK_PIOTHEREXPS_TKPRIVINVESTIG_title" } { MERGEFIELD "TK_PIOTHEREXPS_TKPRIVINVESTIG_forename" } { MERGEFIELD "TK_PIOTHEREXPS_TKPRIVINVESTIG_surname" } -" "" }	{ IF { MERGEFIELD "TK_PIOTHEREXPS_TK_PI_REP_DISC" } = "Yes" "Private Investigator" "" }
{ IF { MERGEFIELD "TK_PIOTHEREXPS_TK_EX1_REP_DISC" } = "Yes" "{ MERGEFIELD "TK_PIOTHEREXPS_TKOTHEREXP1_title"	{ IF { MERGEFIELD "TK_PIOTHEREXPS_TK_EX1_REP_DISC" } = "Yes" "[*** area of expertise]" "" }

```

"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP1_fore
name"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP1_sur
name" } -" "" }
{      IF      {      MERGEFIELD {      IF      {      MERGEFIELD
"TK_PIOTHEREXPS_TK_EX2_REP_DISC "TK_PIOTHEREXPS_TK_EX2_REP_DISC" }
"      }      = "Yes" "{      MERGEFIELD = "Yes" "[*** area of expertise]" "" }
"TK_PIOTHEREXPS_TKOTHEREXP2_title
"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP2_fore
name"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP2_sur
name" } -" "" }
{      IF      {      MERGEFIELD {      IF      {      MERGEFIELD
"TK_PIOTHEREXPS_TK_EX3_REP_DISC "TK_PIOTHEREXPS_TK_EX3_REP_DISC" }
"      }      = "Yes" "{      MERGEFIELD = "Yes" "[*** area of expertise]" "" }
"TK_PIOTHEREXPS_TKOTHEREXP3_title
"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP3_fore
name"      }      {      MERGEFIELD
"TK_PIOTHEREXPS_TKOTHEREXP3_sur
name" } -" "" }

```

whose report(s) has/have been disclosed to the insurers and who have not obtained their own evidence. This evidence has been treated as agreed. A Schedule of Special Damages has also been served.

Counsel's Instructions

.....

Dated { SET LtrDate { DATE \@ "d MMMM yyyy" * MERGEFORMAT }}{ LtrDate \@ "d MMMM, yyyy" }

```

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }
{ MERGEFIELD PRACTICEINFO_HOUSE }
{ MERGEFIELD PRACTICEINFO_AREA }
{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN }
{ MERGEFIELD PRACTICEINFO_POSTCODE }

```

```

{ MERGEFIELD "MATTER_FEE_EARNER_ID" }/{ MERGEFIELD "Client_No" }/{
MERGEFIELD "Matter_No" }

```

.....
{ MERGEFIELD "PRACTICEINFO_PRACTICE_NAME" }

Dated

IN THE { MERGEFIELD TK_PICOURTDETS tkCIVILCRT_name * UPPER }

CLAIM NUMBER: { MERGEFIELD
TK_PICOURTDETS tkCLAIMNO }

BETWEEN:

{ MERGEFIELD "LINKNAME_FORENAME_1" } {
MERGEFIELD "LINKNAME_SURNAME_1" }
Claimant

- and -

{ IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }
Defendant

BRIEF TO COUNSEL TO

Clerk to { MERGEFIELD
TK_PICOURTDETS tkCOUNSEL_title } {
MERGEFIELD
TK_PICOURTDETS tkCOUNSEL_initials } {
MERGEFIELD
TK_PICOURTDETS tkCOUNSEL_surname }
{ MERGEFIELD
"TK_PICOURTDETS tkCOUNSEL_compaddress" }

Court Enc Request for Lodgment

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\238439d1-24b7-4c27-b499-
84e5a3a81a79\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOLREF }

{ SET LETTER { DATE \@ "d MMMM yyyy" * MERGEFORMAT }}{ref LETTER \@ "d MMMM
yyyy" }

{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOL_name }
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOL_address }

Dear Sirs

Our Client: { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }

Your Client: { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }"
}

Accident { MERGEFIELD TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
Date: MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM yyyy" }

We settled this case on the basis that you would be responsible for our reasonable costs, to be
taxed by the County Court if agreement cannot be negotiated.

We have charged our costs on the normal basis, by that we mean one tenth of the hourly rate
for letters out, one tenth for telephone calls, long letters one fifth.

We enclose for possible agreement a Schedule setting out full details of our costs.

We look forward to receiving your cheques in settlement of our client's claim and their costs,
within 21 days.

Please note that we reserve our rights to tax our file if our fees cannot be agreed.

Yours faithfully

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\238439d1-24b7-4c27-b499-
84e5a3a81a79\\footer.doc"}

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Court Infant Approval Enc Papers

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\4a6e4563-5848-482a-8982-
b265783c6ff7\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Claim No: { MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

{ SET LETTER { DATE \@ "d MMMM yyyy" * MERGEFORMAT }}{ref LETTER \@ "d MMMM
yyyy" * MERGEFORMAT }

{ MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }
{ MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_address }

Dear Sirs

**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }
-v- { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }**
Claim No: { MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

We are instructed by the above named claimant and now enclose for your kind attention the following:

- (1) Claim Form for filing together with two copies for sealing and return (one for service and one for our file);
- (2) Application Notice N244;
- (3) Order on Settlement on behalf of Child or Patient;
- (4) Counsel's Advice for filing together with copy for service;
- (5) Medical evidence for filing together with copy for service;
- (6) Schedule of Expenses and Losses for filing together with copy for service;
- (7) Notice of Funding together with copy for service;
- (8) Certificate of Suitability of Litigation Friend;
- (9) Relevant correspondence.

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\4a6e4563-5848-482a-8982-
b265783c6ff7\\footer.doc"}

(10) Cheque for the court fee of { ASK bkCheque "Enter amount of Court Fee:" \d "£"
{bkCheque}.

We should like to effect service of the claim form upon the Defendant ourselves and accordingly would be grateful if you would return to us after issue the claim form duly sealed, together with all copy papers intended for service and a response pack.

No issue arises immediately under the Human Rights Act 1998 and we have completed the claim form accordingly. Of course our client reserves the right to rely on the Act if necessary at a later stage.

We also look forward to receiving the sealed copy claim form for our file.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Def 1 Sols Enc Sch of Costs

{INCLUDETEXT

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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\238439d1-24b7-4c27-b499-
84e5a3a81a79\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOLREF }

{ SET LETTER { DATE \@ "d MMMM yyyy" * MERGEFORMAT }}{ref LETTER \@ "d MMMM
yyyy" }

{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOL_name }
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SOL_address }

Dear Sirs

Our Client: { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }

Your Client: { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }"
}

Accident { MERGEFIELD TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
Date: MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM yyyy" }

We settled this case on the basis that you would be responsible for our reasonable costs, to be
taxed by the County Court if agreement cannot be negotiated.

We have charged our costs on the normal basis, by that we mean one tenth of the hourly rate
for letters out, one tenth for telephone calls, long letters one fifth.

We enclose for possible agreement a Schedule setting out full details of our costs.

We look forward to receiving your cheques in settlement of our client's claim and their costs,
within 21 days.

Please note that we reserve our rights to tax our file if our fees cannot be agreed.

Yours faithfully

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\238439d1-24b7-4c27-b499-
84e5a3a81a79\\footer.doc"}

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Def 2 Ins Enc PT 36 Offer

{INCLUDETEXT

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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\84c2a415-cca7-4dbf-8619-
daf7cf20097e\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2IINSREF }

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \}*
MERGEFORMAT }

{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSURER_name }
{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSURER_address }

Dear Sirs

Our Client: { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD
LINKNAME_INITIALS_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }

Your Insured: { IF { MERGEFIELD
TK_PIDEF2DETAIL_tkDEF2CONAME } = "" "{
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FORENAME }
{ MERGEFIELD client_no }" "{ MERGEFIELD
TK_PIDEF2DETAIL_tkDEF2CONAME }" }

Your Policy No: { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSPOLNO
}

Accident Date: { MERGEFIELD
TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM
yyyy" }

**WITHOUT PREJUDICE
FORMAL OFFER TO SETTLE PURSUANT TO PART 36.10 OF CPR**

We refer to previous correspondence and can confirm that we have now quantified our client's claim and formally offer to settle at £{ MERGEFIELD "TK_PIVALUE_TK_PT36_AMT_C" } plus the claimant's costs on a standard basis with a detailed assessment under Part 44.12a CPR failing agreement. The offer relates to the whole of the claim and is inclusive of interest. { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "If this offer is accepted it is subject to court approval." "" }

This is not a figure for barter, but is in fact something less than the sum we have advised our client may achieve if the matter proceeds to the commencement of proceedings and further to a trial. This position is taken to see an early end to this matter whilst allowing both sides to take

{INCLUDETEXT

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daf7cf20097e\\footer.doc"}

something from the settlement and keeping costs in proportion to the matter at hand.

We do not intend to rehearse the contents of our medical evidence, but place a value on general damages of £{ MERGEFIELD "TK_PIVALUE_TK_GEN_DAMS_AMT" }.

Our client's financial losses are £{ MERGEFIELD "TK_PIVALUE_TK_FIN_LOSS_AMT" }, details have been provided with documentary evidence where available.

Interest upon Special Damages is 6% pa which amounts here to £{ MERGEFIELD "TK_PIVALUE_TK_SPEC_INTRST" } and 2% for General damages if proceedings are issued.

We are confident that we have given you sufficient information to value our client's claim.

If you are not prepared to meet our client's claim as quantified then we have instructions to issue Court proceedings as soon as is allowed within the Court rules. We will claim interest at 10% above the prevailing base rate on both costs and damages, should the court at a later date award our client a sum either equal to or greater than our formal offer to settle. We will also ask the Court to award costs on the indemnity basis.

This offer is intended to have the consequences of a Part 36 offer as per CPR36.2(2)(b).

This offer will remain open for 21 days which is the time period stipulated in the relevant CPR provision and will have the cost consequences as per CPR36.2(2)(c). We expect an acknowledgement of this letter by you or your appointed agents.

We await hearing from you

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Def 2 Ins Enc PT 36, Med, Sch

Loss

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\248d4242-8fb4-4eaa-a8bd-
27fbd7477faf\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2IINSREF }

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \}*
MERGEFORMAT }

{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSURER_name }
{ MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSURER_address }

Dear Sirs

Our Client: { MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD
LINKNAME_INITIALS_1 } { MERGEFIELD
LINKNAME_SURNAME_1 }
Your Insured: { IF { MERGEFIELD
TK_PIDEF2DETAIL_tkDEF2CONAME } = "" "{
MERGEFIELD TK_PIDEF2DETAIL_tkDEF2FORENAME }
{ MERGEFIELD client_no }" "{ MERGEFIELD
TK_PIDEF2DETAIL_tkDEF2CONAME }"
Your Policy No: { MERGEFIELD TK_PIDEF2DETAIL_tkDEF2INSPOLNO
}
Accident Date: { MERGEFIELD
TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM
yyyy" }

**WITHOUT PREJUDICE
FORMAL OFFER TO SETTLE**

We enclose herewith a copy of the medical evidence, a Schedule of Loss with supporting documentation where available and a Part 36 offer for your attention.

Please respond within the allocated time frame to allow us to proceed with the case accordingly, failing which our file of papers will be forwarded to Counsel to draft Particulars of Claim in preparation for the commencement of proceedings. Should the matter settle in the interim, we shall seek to recover Counsel's fee from you when the issue of costs arises.

Yours faithfully

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\248d4242-8fb4-4eaa-a8bd-
27fbd7477faf\\footer.doc"}

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

Enc.

Form 100 Request for Lodgment

Form 100 – Request for Lodgment

Please use **BLOCK CAPITALS**

Before completing this form, please read the Notes for guidance

In the { FORMTEXT } Division Of The High Court/ District Registry/County Court

Claim Number
{ MERGEFIELD
TK_PICOURTDETS }

Please ensure that you answer the relevant question(s) below otherwise this form **may be returned to you**.

Full Action Title
Claimant { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 } - V -
Defendant { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }= "" { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" " { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }" }

Has a previous lodgment been made in this action?

(please tick)
Yes {
FORMCHECK
BOX } No {
FORMCHECK
BOX }

Has a Certificate of Total Benefit been issued under Section 22 of the Social Security Act 1989?

Yes {
FORMCHECK
BOX } No {
FORMCHECK
BOX }

If YES, a copy of the Certificate must accompany this form

Does this case involve: a child { FORMCHECKBOX } a patient { FORMCHECKBOX } not applicable { FORMCHECKBOX }

I ask the Accountant General to receive into court for lodgment to the above account

£ { FORMTEXT } which is paid in (complete relevant section below)

1 Under order dated { FORMTE
XT } { FORMTE
XT } { FORMTE
XT } copy attached (see Notes for guidance)

2 On behalf of { FORMTEXT }
Against the claim of { FORMTEXT } with the defence setting up tender.

3 For the following reason { FORMTEXT }

Signed	Dated { FORMTEXT }/{ FORMTEXT }/{ FORMTEXT }	Name & address of other side / their solicitors
Name (or name of solicitors)	{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }	{ FORMTEXT }
Postal Address	{ MERGEFIELD PRACTICEINFO_HOUSE } { MERGEFIELD PRACTICEINFO_POSTAL_TOWN } { MERGEFIELD PRACTICEINFO_COUNTY }	{ FORMTEXT }
DX Address	{ MERGEFIELD PRACTICEINFO_DX_NO }	{ FORMTEXT }
I am the (Solicitor for the)	{ FORMTEXT }	{ FORMTEXT }
Ref { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD client_no }/{ MERGEFIELD matter_no }		Ref { FORMTEXT }

All payments into court are made to: **Court Funds Office, 22 Kingsway, London, WC2B 6LE** or via DX to: **DX:149780 Kingsway 5**. Cheques must be made payable to: ACCOUNTANT GENERAL OF THE SENIOR COURTS

For CFO use

Date Stamp/Seal	CFO Account Number		Bank Date/Receipt Number
	Location Code	Placed To	
		B S	
	Date Input	FAS code Initials	

Lodgment
approved _____

--	--	--

--	--

--

Form 100 – Notes for Guidance

Completing the form

- At the top of the Form 100, you must give the name of the county court in which the claim is proceeding. If the claim is in the High Court you must give the name of the District Registry and specify the Division of the High Court, i.e. Queen's Bench, Chancery, Admiralty or Family in which the claim is proceeding
- The **Full Action Title** is the name of the case as it appears on the order or order for payment into court
- The Claim Number is the reference number given by the court on the top right hand corner of the order
- You must answer each of the three questions by ticking the appropriate box and, if applicable, submit a copy of a Certificate of Total Benefit or Certificate of Deduction with your form.
- The form must specify the amount being paid into court
- If you are paying in for the benefit of more than one claimant, a Form 100 per claimant is desired
- Only complete one box marked **1**, **2**, and **3**

1

must be completed when funds are paid into court pursuant to an order. A sealed copy of the order must be provided with the form. If you are unable to obtain a sealed copy of the order, then ensure that the Form 100 is sealed by the relevant court instead

2

should only be completed if the defendant is paying money into court in support of a defence of tender. A copy of the defence and a copy of the claim form should be submitted

3

should only be completed when none of the other boxes is applicable, such as in the case of a refund of an over-payment

The form must be signed and dated by the person making the payment into court. You must also include your name and address and reference and those of the other side or their solicitor(s) if they have one.

You must serve a copy of the form on the other party as notice that funds have been paid into the Court Funds Office and file a copy of the form with the court

Where to send the payment.

The payment, completed form and other documents must be sent to the:

**Court Funds Office, 22 Kingsway, London WC2B 6LE, or by the DX system to the:
Court Funds Office, DX 149780 Kingsway 5**

**DO NOT SEND OR TAKE PAYMENTS TO THE COURT UNLESS YOU ARE A LITIGANT IN PERSON
WITHOUT A BANK ACCOUNT.**

Cheques must be signed, dated within the last 6 months and be made payable to the:

'Accountant General Of The Senior Courts'

If you intend to lodge cash, please ensure you have a valid photo ID such as a passport or driving licence.

Checklist - have you enclosed the:

{ Cheque / Banker's Draft
FOR Completed Form(s) 100

MCH A sealed copy of the order for payment into court / claim form and copy of defence
ECKB
OX }
{
FOR
MCH
ECKB
OX }
{
FOR
MCH
ECKB
OX }

{ Have you sent a copy of the Form 100 to the other party as notice of funds available?
FOR
MCH
ECKB
OX }

Require assistance? Please call one of our Customer Services advisors: 0845 223 8500

N208 Claim Form



Claim Form (CPR Part 8)

In the
{ MERGEFIELD
TK_PICOURTDETS_tkCIVILCRT_name }

Claim No.
{ MERGEFIELD
TK_PICOURTDETS_tkCLAIMNO }

Claimant

{ MERGEFIELD "LINKNAME_TITLE_1" } { MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD
"LINKNAME_SURNAME_1" }
{ MERGEFIELD "CALCULATION_ADDRESS" }

SEAL.

Defendant(s)

{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }= "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME }" }

Does your claim include any issues under the Human Rights Act 1998?

Yes { FORMCHECKBOX } No { FORMCHECKBOX }

Details of Claim (*see also overleaf*)

{ FORMTEXT }

The Claimant seeks an order pursuant to CPR 44.12 (A):-

1. The Defendant to pay costs of and incidental to the Claimant's proposed claim, such costs to be assessed on the standard basis if not agreed and;

2. The costs of and incidental to this claim be subject of detailed assessment proceedings.

Full particulars are set out overleaf.

£

Defendant's
name and
address

{ IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }= "" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } {
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{
MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }
{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1ADDRESS }

Court fee

{ FORMTEXT }

Solicitor's costs

{ FORMTEXT }

Issue date

{ FORMTEXT }

Details of claim continued		Claim No.
<p>1. The Claimant sought to recover damages against the Defendant for personal injury and losses arising from a road traffic accident that occurred on the [Insert Accident Date];</p> <p>2. The Claimant's claim was settled in the amount of [£{ FORMTEXT }] following the Claimant's acceptance of the Defendant's offer which was made on [{ FORMTEXT }] in relation to general damages and special damages. Copies of the letters detailing the offers and acceptance are attached for ease of reference;</p> <p>3. It was an express and/or implied term of the agreement that the Defendant would pay the Claimant's reasonable costs. In accordance with the fixed recoverable costs calculated in accordance with Rule 45.9 of the CPR;</p> <p>4. By way of a letter dated [{ FORMTEXT }] the Claimant sent a schedule of those costs in the total amount of [], to the Defendant's insurers, together with disbursement vouchers in respect of disbursements. The Defendant's insurers have refused to pay the Claimant's costs in full in accordance with Rule 45.9;</p> <p>5. Costs are claimed in accordance with the fixed recoverable costs allowable under Rule 45.9 of the CPR;</p> <p>6. The following documents are attached:-</p> <p>(a) Copy correspondence [{ FORMTEXT }]</p> <p>(b) Copy disbursement vouchers;</p> <p>(c) Draft Order.</p>		
<p>Statement of Truth</p> <p>*(I believe) (The Claimant believes) that the facts stated in these particulars of claim are true</p> <p>*I am duly authorised by the Claimant to sign this statement</p> <p>Full name { MERGEFIELD CALCULATION_FEE_EARNER_DESCRIPTION }</p> <p>Name of Claimant's solicitor's firm { MERGEFIELD PRACTICEINFO_PRACTICE_NAME }</p> <p>Signed { FORMTEXT } Position or office held { FORMTEXT }</p> <p>*(Claimant) (Litigation Friend) (Claimant's Solicitor) (if signing on behalf of firm or company)</p> <p>*delete as appropriate</p>		
<p>{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME }</p> <p>{ MERGEFIELD PRACTICEINFO_DX_NO }</p> <p>{ MERGEFIELD PRACTICEINFO_HOUSE }</p> <p>{ MERGEFIELD PRACTICEINFO_AREA }</p> <p>{ MERGEFIELD PRACTICEINFO_POSTAL_TOWN }</p> <p>{ MERGEFIELD PRACTICEINFO_POSTCODE }</p>		<p>Claimant's or Claimant's solicitor's address to which documents should be sent if different from overleaf. If you are prepared to accept service by DX, fax or email, please add details.</p>

Notes for claimant on completing a Part 8 claim form

Please read all these guidance notes before you begin completing the claim form. The notes follow the order in which is required on the form.

Court staff can help you fill in the claim form and give information about procedure once it has been issued. But they cannot give legal advice. If you need legal advice for example, about the likely success of the claim or the evidence you need to prove it, you should contact a solicitor or a Citizens Advice Bureau. If you are filling in the claim form by hand, please use black ink and write in block capitals.

You must file any written evidence to support your claim either in or with the claim form. Your written evidence must be verified by a statement of truth.

Copy the completed claim form, the Defendant's notes for guidance and your written evidence so that you have one copy yourself, one copy for the court, and one copy for each Defendant. Send or take the forms and evidence to the court office with the appropriate fee. The court will tell you how much this is.

Notes on completing the claim form

Heading

You must fill in the heading of the form to indicate whether you want the claim to be issued in a county court or in the High Court. (The High Court means either a District Registry (attached to a county court) or the Royal Courts of Justice in London). There are restrictions on claims which may be issued in the high court (see 'Value' overleaf). Use whichever of the following is appropriate:

'In the.....County Court'
(Inserting the name of the court)

or

'In the High Court of Justice.....Division'
(Inserting e.g. 'Queen's Bench' or 'Chancery' as appropriate)
.....District Registry'
(Inserting the name of the District Registry)

or

'In the High Court of Justice.....Division,
(Inserting e.g. 'Queen's Bench' or 'Chancery' as appropriate)
Royal Courts of Justice'

Claimant and Defendant details

As the person issuing the claim, you are called the 'Claimant'; the person you are suing is called the 'Defendant'. Claimants who are under 18 years old (unless otherwise permitted by the court) and patients within the meaning of the Mental Health Act 1983, must have a litigation friend to issue and conduct court proceedings on their behalf. Court staff will tell you more about what you need to do if this applies to you. You must provide the following information about yourself **and** the Defendant according to the capacity in which you are suing and in which the Defendant is being sued.

When suing or being sued as:-

an individual:

All known forenames and surname, whether Mr, Mrs, Miss, or other (e.g. Dr) and residential address (**including** postcode and telephone number) in England and Wales. Where the Defendant is a proprietor of a business, a partner in a firm or individual sued in the name of the club or other unincorporated association, the address for the service should be the usual or last known place of residence **or** principal place of business of the company, firm or club or other unincorporated association.

Where the individual is:

Under 18 write '(a child by Mr Joe Bloggs his litigation friend)' after the name. If the child is conducting the proceedings on their own behalf write '(a child)' after the child's name.

A patient within the meaning of the Mental Health Act 1983 write '(by Mr Joe Bloggs his litigation friend)' after the patient's name.

Trading under another name

You must add the words 'trading as' and the trading name e.g. 'Mr John Smith trading as Smith's Groceries'.

**Suing or being sued in a representative capacity. you must say what that capacity is e.g. 'Mr Joe Bloggs as the representative of Mrs Sharon Bloggs (deceased)'.
Suing or being sued in the name of the club or other unincorporated association**

Add the words 'suing/sued on behalf of' followed by the name of the club or other unincorporated association.

a firm

enter the name of the firm followed by the words 'a firm' e.g. 'Bandbox – a firm' and an address for service which is either a partner's residential address or the principal or last known place of business.

a corporation (other than a company)

enter the full name of the company and the address which is either its principal office **or** any other place where the corporation carries on activities and which has a real connection with the claim.

A company registered in England and Wales

Enter the name of the company and an address which is either the company's registered office **or** any place of business that has a real, or the most, connection with the claim e.g. the shop where the good were bought.

An overseas company (defined by s744 of the Companies Act 1985)

Enter the name of the company and either the address registered under s951 of the Act **or** the address of the place of business having a real, or the most connection with the claim.

Details of claim

Under this heading you must set out either:

The questions you wish the court to decide; or the remedy you are seeking and the legal basis for your claim; and If your claim is being made under the specific CPR Part or practice direction you must state which.

Defendant's name and address

Enter in this box the full name and address of the defendant to be served with the claim form. If the defendant is to be served outside England and Wales, you may need to obtain the court's permission.

Address for documents

Insert in this box the address at which you wish to receive documents and/or payments, if different from the address you have already given under the heading 'Claimant'. The address must be in England or Wales. If you are willing to accept service by DX, fax or e-mail add details.

Statement of truth

This must be signed by you, by your solicitor or your litigation friend, as appropriate.

Where the Claimant is a registered company or a corporation the claim must be signed by either the director, treasurer, secretary, chief executive, manager or other officer of the company, chairman, president or town clerk.

Notes for the Defendant (Part 8 claim form)

Please read these notes carefully – they will help you decide what to do about this claim.

- You have 14 days from the date on which you were served with the claim form to respond to the claim.
- If you do not return the acknowledgment of service, you will be allowed to attend any hearing of this claim but you will not be allowed to take part in the hearing unless the court gives you permission to do so.
- Court staff can tell you about procedures but they cannot give legal advice. If you need legal advice, you should contact a solicitor or Citizens Advice Bureau.

Time for responding

The completed acknowledgment of service must be returned to the court office within 14 days * of the date on which the claim form was served on you. If the claim form was:

Sent by post, the 14 days * begins 2 days from the date of the postmark on the envelope.

Delivered or left at your address, the 14 days begins the day it was delivered.

Handed to you personally, the 14 days * begins on the day it was given to you.

Completing the acknowledgment of service

You should complete sections A – E as appropriate. In all cases you must complete sections F and G.

Section A – not contesting the claim

If you do not wish to contest the remedy sought by the claimant in the claim form, you should complete section A. In some cases the claimant may only be seeking the court's directions as to how to act, rather than seeking a specific order. In these circumstances if you wish the court to direct the claimant in a certain way, give brief details.

Section B – contesting the claim

If you do wish to contest the remedy sought by the Claimant, in the claimant in the claim form, you should complete section B. If you seek a remedy different than that sought by the claimant, you should give details in the space provided.

Section C – disputing the court's jurisdiction

You should indicate your intention by completing section B and filling an application disputing the courts jurisdiction with 14 days of filing your acknowledgement of service at the court. The court will arrange a hearing date for the application and tell you and the claimant when and where to attend.

Section D – objecting to use of procedure

If you believe the claimant should not have issued the claim under part 8 because:

- There is a substantial dispute of fact involved; and
- You do not agree that the rule or practice direction stated does provide the claimant to use this procedure.

You should complete section C before setting out your reasons in the space provided.

Section E – written evidence

Complete this section if you wish to rely on written evidence.

You send your written evidence to the court with your acknowledgement of service. It must be verified by a statement of truth or the court may disallow it. If you have agreed with the other party(ies) and extension of time for filing your written evidence, a copy of your written agreement must be filed with your acknowledgement of service. Please note that the agreement can only extend time by 14 days from the date you file your acknowledgement of service.

Claims under section 1 of the inheritance (Provision for Family and Dependents) Act 1975

A defendant who is a personal representative of the deceased must file and serve written evidence which must state to the best of that person's ability:

- Full details of the value of the deceased's net estate as defined in section 25 of the Act.
- The person or classes of person beneficially interested in the estate, and
 - the names and (unless they are parties to the claim) addresses of all living beneficiaries; and
 - the value of their interest in the estate so far as they are known;
- whether any living beneficiary (and if so, naming him) is a child or patient with the meaning of rule 21.1(2); and
- any facts which might affect the exercise of the court's powers under the Act.

Section F – name of defendant

Print your full name, or the full name of the defendant on whose behalf you are completing this form.

Serving other parties

You must send to any other party named on the claim form, copies of both the acknowledgment of service and any written evidence, at the same time as you file them with the court.

What happens next

The Claimant may, within 14 days of receiving any written evidence from you, file further evidence in reply. On receipt of your acknowledgment of service, the court file will be referred to the judge for directions on disposal of the claim. The court will contact you and tell you what to do next.

Statement of truth

This must be signed by you, by your solicitor or your litigation friend, as appropriate.

Where the defendant is a registered company or a corporation the response must be signed by either the director, reassurance, secretary, chief executive, manager or other officer of the company or (in case of a corporation) the mayor, chairman, president or town clerk.

* For claims under the Inheritance [provision for family and dependants] Act 1975 the period is 21 days.

N235 Certificate of Suitability of

Litigation Friend

Certificate of suitability of litigation friend

If you are acting

- for a child, you must serve a copy of the completed form on parent or guardian of the child, or if there is no parent or guardian, the carer or the person with whom the child lives
- for a protected party, you must serve a copy of the completed form on one of the following persons with authority in relation to the protected party as: (1) the attorney under a registered enduring power of attorney (2) the donee of the lasting power of attorney; (3) the deputy appointed by the Court of Protection; or if there is no such person, an adult with whom the protected party resides or in whose care the protected party is. You must also complete a certificate of service (obtainable from the court office) You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

You should send the completed form to the court with the claim form (if acting for the claimant) or when you take the first step on the defendant's behalf in the claim together with the certificate of service (if applicable).

Name of court { MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }	
Claim No.	{ MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }
Claimant (including ref.)	{ MERGEFIELD LINKNAME_TITLE_1 } { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD LINKNAME_SURNAME_1 }
Defendant (including ref.)	{ IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME } = "" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORE NAME } { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURN AME }" "{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONA ME }" }

You do not need to complete this form if you are a deputy appointed by the Court of Protection with power to conduct proceedings on behalf of the protected party.

I consent to act as litigation friend for { MERGEFIELD "LINKNAME FORENAME_1" } {
MERGEFIELD "LINKNAME SURNAME_1" }(claimant)(defendant)

I believe that the above named person is a

{ FORMCHECKBOX } child { FORMCHECKBOX } protected party (give your reasons overleaf and attach a copy of any medical evidence in support)

I am able to conduct proceedings on behalf of the above named person competently and fairly and I have no interests adverse to those of the above named person.

* delete if you
are acting for
the defendant

*I undertake to pay any costs which the above named claimant may be ordered to pay in these proceedings subject to any right I may have to be repaid from the assets of the claimant.

Please write your name in capital letters

{ FORMCHECKBOX } Mr {
FORMCHECKBOX } Mrs {
FORMCHECKBOX } Miss

{ FORMCHECKBOX } Ms {
FORMCHECKBOX } Other { FORMTEXT }

Surname { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDSURN * UPPER}

Forenames { MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDFORE * UPPER }

Address to which documents in this case are to be sent.

I certify that the information given in this form is correct

Signed _____

{ MERGEFIELD
TK_PICLIENTINFO_TK_LITFRNDADDR }

Date { FORMTEXT }

The court office at { FORMTEXT }

is open between 10 am and 4 pm Monday to Friday. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.{ MERGEFIELD TK_PICOURTDETS.tkCLAIMNO }

My reasons for believing that the (claimant)(defendant) is a protected party are:-

{ FORMTEXT }

N244 Application Notice

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\3af330a4-5769-462c-984b-
142a1c65fbc2\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Claim No: { MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

{ SET LETTER { DATE \@ "d MMMM yyyy" * MERGEFORMAT }}{ref LETTER \@ "d MMMM
yyyy" * MERGEFORMAT }

{ MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_name }
{ MERGEFIELD TK_PICOURTDETS_tkCIVILCRT_address }

Dear Sirs

**{ MERGEFIELD "LINKNAME_FORENAME_1" } { MERGEFIELD LINKNAME_SURNAME_1 }
-v- { IF { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1FORENAME } { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1SURNAME }" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }" }**
Claim No: { MERGEFIELD TK_PICOURTDETS_tkCLAIMNO }

We are instructed by the above named claimant and now enclose for your kind attention the following:

- (1) Claim Form for filing together with two copies for sealing and return (one for service and one for our file);
- (2) Application Notice N244;
- (3) Order on Settlement on behalf of Child or Patient;
- (4) Counsel's Advice for filing together with copy for service;
- (5) Medical evidence for filing together with copy for service;
- (6) Schedule of Expenses and Losses for filing together with copy for service;
- (7) Notice of Funding together with copy for service;
- (8) Certificate of Suitability of Litigation Friend;
- (9) Relevant correspondence.

{INCLUDETEXT

"C:\\Users\\rebecca\\AppData\\Local\\Packages\\PraccticeLimited.OspreyApproachSupervisor
App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\3af330a4-5769-462c-984b-
142a1c65fbc2\\footer.doc"}

(10) Cheque for the court fee of { ASK bkCheque "Enter amount of Court Fee:" \d "£"
{bkCheque}.

We should like to effect service of the claim form upon the Defendant ourselves and accordingly would be grateful if you would return to us after issue the claim form duly sealed, together with all copy papers intended for service and a response pack.

No issue arises immediately under the Human Rights Act 1998 and we have completed the claim form accordingly. Of course our client reserves the right to rely on the Act if necessary at a later stage.

We also look forward to receiving the sealed copy claim form for our file.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

N251 Notice of Funding of Case or

Claim

Notice of funding of case or claim

Notice of funding by means of a conditional fee agreement, insurance policy or undertaking given by a prescribed body should be given to the court and all

other parties to the case:

- on commencement of proceedings
- on filing an acknowledgment of service, other first document; and
- at any later time that such an arrangement is entered into, changed or terminated.

Take notice that in respect of

{ FORMCHECKBOX } all claims herein

{ FORMCHECKBOX } the following claims

{ FORMTEXT }

{ FORMCHECKBOX } the case of *(specify name of party)*

{ FORMTEXT }

{ FORMTEXT } { FORMTEXT } being funded by:

(Please tick those boxes which apply)

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee

{ FORMCHECKBOX } an insurance policy issued on

Date { FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes { FORMCHECKBOX } No

If Yes, at which point is an increased premium payable

In the

{ MERGEFIELD
TK_PICOURTDETS_tkCIVILCRT_name }

The court office is open between 10 am and 4 pm Monday to Friday. When writing to the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.

{ MERGEFIELD
TK_PICOURTDETS_tkCLAIMNO }

Claimant

(include Ref.)

{ MERGEFIELD
"LINKNAME_FORENAME_1" } {
MERGEFIELD

Defendant

(include Ref.)

{ IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONA
= "" } { MERGEFIELD

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

by

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

The funding of the case has now changed:

{ FORMCHECKBOX } the above funding has now ceased

{ FORMCHECKBOX } the conditional fee agreement has been terminated

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee has been entered into;

{ FORMCHECKBOX } an insurance policy

Dated { FORMTEXT }

has been cancelled

{ FORMCHECKBOX } an insurance policy has been issued on

Date { FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes { FORMCHECKBOX }

No

has been terminated

{ FORMCHECKBOX } an undertaking has been
giv Dated

If Yes, at which point is an increased
premium payable

{ FORMTEXT }

{ FORMTEXT }

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

Signed

Dated

{ FORMTEXT }

Solicitor for the (claimant) (defendant)

(Part 20 defendant) (respondent) (appellant)

Notice of funding of case or claim

Notice of funding by means of a conditional fee agreement, insurance policy or undertaking given by a prescribed body should be given to the court and all

other parties to the case:

- on commencement of proceedings
- on filing an acknowledgment of service, other first document; and
- at any later time that such an arrangement is entered into, changed or terminated.

Take notice that in respect of

{ FORMCHECKBOX } all claims herein

{ FORMCHECKBOX } the following claims

{ FORMTEXT }

{ FORMCHECKBOX } the case of *(specify name of party)*

{ FORMTEXT }

{ FORMTEXT } { FORMTEXT } being funded by:

(Please tick those boxes which apply)

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee

{ FORMCHECKBOX } an insurance policy issued on

Date

{ FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

Level of cover

{ FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes { FORMCHECKBOX }

No

If Yes, at which point is an increased premium payable

In the

{ MERGEFIELD

TK_PICOURTDETS_tkCIVILCRT_name }

The court office is open between 10 am and 4 pm Monday to Friday. When writing to the court, please address forms or letters to the Court Manager and quote the claim number.

Claim No.

{ MERGEFIELD

TK_PICOURTDETS_tkCLAIMNO }

Claimant

(include Ref.)

{ MERGEFIELD

"LINKNAME_FORENAME_1" } { MERGEFIELD

Defendant

(include Ref.)

{ IF { MERGEFIELD

TK_PIDEF1DETAIL_tkDEF1CONA = "" { MERGEFIELD

{ FORMCHECKBOX } an undertaking given on

Dated { FORMTEXT }

by

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

The funding of the case has now changed:

{ FORMCHECKBOX } the above funding has now ceased

{ FORMCHECKBOX } the conditional fee agreement has been terminated

{ FORMCHECKBOX } a conditional fee agreement

Dated { FORMTEXT }

which provides for a success fee has been entered into;

{ FORMCHECKBOX } an insurance policy

Dated { FORMTEXT }

has been cancelled

{ FORMCHECKBOX } an insurance policy has been issued on

Date

{ FORMTEXT }

Policy no

{ FORMTEXT }

Name and address of insurer

{ FORMTEXT }

{ FORMTEXT }

Level of cover

{ FORMTEXT }

{ FORMCHECKBOX } an undertaking given
on **Dated**

{ FORMTEXT }

Are the insurance premiums staged?

{ FORMCHECKBOX } Yes {
FORMCHECKBOX } No

has been terminated

If Yes, at which point is an increased
premium payable

{ FORMCHECKBOX } an undertaking has
been **Dated** on

{ FORMTEXT }

{ FORMTEXT }

Name of prescribed body

{ FORMTEXT }

in the following terms

{ FORMTEXT }

Signed

Dated

{ FORMTEXT }

Solicitor for the (claimant) (defendant)
(Part 20 defendant) (respondent) (appellant)

PI Def 1 Ins Enc PT 36 Offer

{INCLUDETEXT

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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f7ece512-21fe-4372-bf04-
b07b173c90cf\\header.doc"}

Our Ref: { MERGEFIELD MATTER_FEE_EARNER_ID }/{ MERGEFIELD
client_no }/{ MERGEFIELD matter_no }

Your Ref: { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSREF }

{ SET LETTER{ DATE \@ "d MMMM yyyy" } }{ref LETTER \@ "d MMMM yyyy" \}*
MERGEFORMAT }

{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSURER_name }
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSURER_address }

Dear Sirs

Our Client: { MERGEFIELD "LINKNAME_FORENAME_1" } {
MERGEFIELD LINKNAME_SURNAME_1 }
Your Insured: { IF { MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME } = "" "{
MERGEFIELD TK_PIDEF1DETAIL_tkDEF1FORENAME }
{ MERGEFIELD TK_PIDEF1DETAIL_tkDEF1SURNAME
}" "{ MERGEFIELD
TK_PIDEF1DETAIL_tkDEF1CONAME }"
Your Policy No: { MERGEFIELD TK_PIDEF1DETAIL_tkDEF1INSPOLNO
}
Accident Date: { MERGEFIELD
TK_ACCDETS_tkACCDATE\@"d"*Ordinal } {
MERGEFIELD TK_ACCDETS_tkACCDATE\@"MMMM
yyyy" }

**WITHOUT PREJUDICE
FORMAL OFFER TO SETTLE PURSUANT TO PART 36.10 OF CPR**

We refer to previous correspondence and can confirm that we have now quantified our client's claim and formally offer to settle at £{ MERGEFIELD "TK_PIValue_TK_PT36_AMT_C" } plus the claimant's costs on a standard basis with a detailed assessment under Part 44.12a CPR failing agreement. The offer relates to the whole of the claim and is inclusive of interest. { IF { MERGEFIELD TK_PICLIENTINFO_tkCLIENTMINOR } = "Yes" "If this offer is accepted it is subject to court approval." "" }

This is not a figure for barter, but is in fact something less than the sum we have advised our client may achieve if the matter proceeds to the commencement of proceedings and further to a trial. This position is taken to see an early end to this matter whilst allowing both sides to take

{INCLUDETEXT

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App_expxx2x1s6rv4\\LocalState\\OspreyDocuments\\f7ece512-21fe-4372-bf04-
b07b173c90cf\\footer.doc"}

something from the settlement and keeping costs in proportion to the matter at hand.

We do not intend to rehearse the contents of our medical evidence, but place a value on general damages of £{ MERGEFIELD "TK_PIVALUE_TK_GEN_DAMS_AMT" }.

Our client's financial losses are £{ MERGEFIELD "TK_PIVALUE_TK_FIN_LOSS_AMT" }, details have been provided with documentary evidence where available.

Interest upon Special Damages is 6% pa which amounts here to £{ MERGEFIELD "TK_PIVALUE_TK_SPEC_INTRST" } and 2% for General damages if proceedings are issued.

We are confident that we have given you sufficient information to value our client's claim.

If you are not prepared to meet our client's claim as quantified then we have instructions to issue Court proceedings as soon as is allowed within the Court rules. We will claim interest at 10% above the prevailing base rate on both costs and damages, should the court at a later date award our client a sum either equal to or greater than our formal offer to settle. We will also ask the Court to award costs on the indemnity basis.

This offer is intended to have the consequences of a Part 36 offer as per CPR36.2(2)(b).

This offer will remain open for 21 days which is the time period stipulated in the relevant CPR provision and will have the cost consequences as per CPR36.2(2)(c). We expect an acknowledgement of this letter by you or your appointed agents.

We await hearing from you.

Yours faithfully

{ MERGEFIELD PRACTICEINFO_PRACTICE_NAME*UPPER }

PI Def 1 Ins Enc PT 36, Med, Sch

Loss

OUR REF: { MERGEFIELD "Client_No" }/{ MERGEFIELD "Matter_No" }

SETTLEMENT AUTHORITY

I, { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD "LINKNAME_SURNAME_1" } of { MERGEFIELD "CLIENT_HOUSE" }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { IF { MERGEFIELD CLIENT_COUNTY }= "" "" "{ MERGEFIELD "CLIENT_COUNTY" }, " } { MERGEFIELD CLIENT_POSTCODE }, confirm that

I agree /do not agree *(delete as applicable)

with the valuation of my claim by my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } of { MERGEFIELD PRACTICEINFO_HOUSE }, { MERGEFIELD "PRACTICEINFO_AREA" }, { MERGEFIELD PRACTICEINFO_POSTAL_TOWN }, West Midlands, { MERGEFIELD PRACTICEINFO_POSTCODE } and I agree with the contents of the medical report of { IF { MERGEFIELD TK_PIINJMEDDETS_TKMED_EXP_INSTR } = "Expert 1" "{ MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT1_title" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT1_forename" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT1_surname" }" "{ IF { MERGEFIELD TK_PIINJMEDDETS_TKMED_EXP_INSTR } = "Expert 2" "{ MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT2_title" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT2_forename" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT2_surname" }" "{ IF { MERGEFIELD TK_PIINJMEDDETS_TKMED_EXP_INSTR } = "Expert 3" "{ MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT3_title" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT3_forename" } { MERGEFIELD "TK_PIINJMEDDETS_tkMEDEXPERT3_surname" }" "" }" } } and the Schedule of Special Damages.

I now instruct my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } to proceed with settlement of my claim for personal injuries on the basis of the above medical report, Schedule and valuation.

PLEASE PUT ANY ADDITIONAL COMMENTS YOU HAVE ON THE MEDICAL EVIDENCE AND SCHEDULE HERE IF YOU DO NOT AGREE.

Signed.....

Dated.....

**PLEASE RETURN THIS FORM WITHIN 7 DAYS TO AVOID DELAY OF THE
SETTLEMENT OF YOUR CLAIM**

Settlement Authority Infant Claim

OUR REF: { MERGEFIELD "Client_No" }/{ MERGEFIELD "Matter_No" }

SETTLEMENT AUTHORITY

I, { MERGEFIELD LINKNAME_FORENAME_1 } { MERGEFIELD "LINKNAME_SURNAME_1" } of { MERGEFIELD "CLIENT_HOUSE" }, { MERGEFIELD "CLIENT_POSTAL_TOWN" }, { IF { MERGEFIELD CLIENT_COUNTY }= "" "" "{ MERGEFIELD "CLIENT_COUNTY" }, " } { MERGEFIELD CLIENT_POSTCODE }, confirm that

I agree /do not agree *(delete as applicable)

with the valuation of my claim by my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } of { MERGEFIELD PRACTICEINFO_HOUSE }, { MERGEFIELD "PRACTICEINFO_AREA" }, { MERGEFIELD PRACTICEINFO_POSTAL_TOWN }, West Midlands, { MERGEFIELD PRACTICEINFO_POSTCODE } regarding my child's claim. I confirm I have read and fully understood the contents of the advice.

I agree with the contents of the medical report of { ASK medredate "Enter Medical Report date" } { ref medredate } and the Schedule of Special Damages.

I now instruct my solicitors { MERGEFIELD PRACTICEINFO_PRACTICE_NAME } to proceed with settlement of my child's claim for personal injuries on the basis of the above medical report, Schedule and barrister's advice.

I understand that the monies secured will be paid into court funds and released when they reach 18 years of age.

PLEASE PUT ANY ADDITIONAL COMMENTS YOU HAVE ON THE MEDICAL EVIDENCE AND SCHEDULE HERE IF YOU DO NOT AGREE.

Signed.....

Dated.....

PLEASE RETURN THIS FORM WITHIN 7 DAYS TO AVOID DELAY OF THE SETTLEMENT OF YOUR CLAIM