



Bespoke ATE Application Form for Clinical Negligence Cases

Please submit completed forms to: underwritingadmin@keystonelegal.co.uk

Client's Details

Client's Full Name (Title, Fore names, & surname)			
Litigation's Friend's Full Name (Title, Fore names, & surname)			
Client's Address			
Address line 2			
City/Town		Postal code	
Date of birth		Source (If applicable)	

The Incident

Date of incident	
Type of incident	
What was the date of formal instructions from your client to your firm in this case?	
Details of client's injuries	



Solicitor's details

Name of firm	
Name of the Solicitor/file handler	
Reference	
Email (for policy documents)	

Limitation date

What was the date of the alleged breach?	
Is this the same as the date of knowledge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No , what is the date of knowledge?	
How is the date of knowledge calculated if this is later than the date of breach	

Type of clinical negligence case

Please confirm the anticipated case track	<input type="checkbox"/> Multi Track	<input type="checkbox"/> Fast Track
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Defendants

Identity of all known Defendants and Insurers	
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Funding

Would the client qualify for Legal Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any other form of legal costs cover available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If other funding is available, please advise why such funding is believed not to be in the client's best interests?	
Has this case been submitted to other funders? If Yes , what was the outcome of that submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there existing ATE/BTE in force? If Yes , please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No



Case position

Has a Clinical Claim Protocol letter/Portal submission been sent? If Yes , please provide a copy of your letter / portal submission and any response	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a letter of complaint already been sent to the opponent? If Yes , please provide a copy of your letter and any response.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this case Litigated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , what is the present procedural stage of the litigation?	
Has any breach of duty been admitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes , has the opponent raised any issues of causation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any settlement proposals been made to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Breach/Causation been denied? If Yes , please provide a copy of the correspondence setting out the defendant's position	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provide details of ALL Part 36 offers made in respect of liability and quantum.

Defendant	First offer		Second offer		Third offer	
Liability	%	Date	%	Date	%	Date
Quantum	£	Date	£	Date	£	Date

Claimant	First offer		Second offer		Third offer	
Liability	%	Date	%	Date	%	Date
Quantum	£	Date	£	Date	£	Date

Please continue on a separate sheet for any additional Part 36 offers.

Separate sheet included? Yes No



Medical Records

Please confirm which medical records have been obtained.

Have all relevant medical records both pre and post 'event' been reviewed and paginated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all relevant medical records both pre and post 'event' been reviewed and paginated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide copies of such records with appropriate entries tabbed

Medical Experts

Have experts already been instructed? Yes No

If **Yes**, please provide:

- a) A copy of your letter of instructions
- b) A copy of any reports received to date

Experts you wish to instruct

Which Breach/Causation expert do you intend to instruct and what are their fees?	
Which Condition/Prognosis expert do you intend to instruct and what are their fees likely to be for their medical report?	



Counsel

Please confirm the identity and chambers of Counsel	
Is Counsel acting under a CFA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you obtained Counsels opinion? If Yes , please provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Costs and disbursements

List disbursements incurred to date	
List the estimated own disbursements you anticipate will be incurred between now and conclusion of the case	



Case summary

Please provide a case summary covering all relevant information (issues surrounding a breach of duty may be omitted if this has already been admitted in full) to include:

- a) Background medical history and in particular did any breach of duty affect the final treatment outcome or alter the Claimant's life expectancy.
- b) Matters leading to the 'event' including symptoms, the condition that the Claimant was being treated for, dates, consultations etc.
- c) Specific issues surrounding the 'event' and leading to the alleged breach of duty including dates, consultations etc.
- d) Post 'event' history including dates, symptoms, consultations, comment made etc.
- e) Please list the allegations of breach of duty confirming which have been admitted or denied and comment accordingly.
- f) Please detail any causation issues and comment accordingly.
- g) Please summarise your case dealing in particular with any perceived difficulties and provide your case management outline moving forward.

Prospects of success

Assessment of prospects of success as a percentage	%
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Signature

Signature	
Name (in capitals)	
Date	

Please include all correspondences relating to the case and submit completed form to:
underwritingadmin@keystonelegal.co.uk or use the submit button where available.



KEYSTONE LEGAL
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END OF FORM
