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Firms Name:	Chambers:
Contact Name:	Address/DX: E-mail:
Firms File Ref:	
AX Ref (where applicable):	Telephone No:
Firms Postcode:	Contact/Clerk:
Contact email:	
Direct Dial Number:	
Case Information:	Funding Private/CFA/Insurance/Legal Aid
Court:	Proposed Fee: + VAT
Claim Number:	Claimant Defendant
Parties Names:	-V-
Hearing Time:	
Time Estimate:	
Type of Claim:	(e.g RTA/PI/Commercial/Debt/Credit Hire)
Type of Hearing:	(e.g Trial/Application/CMC)
Track:	(Multi/Fast/Small)
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