

Booking Form:

Telephone us: 0845 083 3000

Hearing Date: _____

Solicitors Information:

Firms Name: _____

Contact Name: _____

Firms File Ref: _____

Firms Postcode: _____

Contact email: _____

Direct Dial Number: _____

(For Clerksroom use only)

Counsel booked:

Chambers:

Address/DX:

E-mail:

Date Booked:

Telephone No:

Contact/Clerk:

Case Information:

Court: _____

Proposed Fee: _____ + VAT

Claim Number: _____

Claimant Defendant

Case Name: _____

-v- _____

Hearing Time: _____

Time Estimate: _____

Type of Claim: _____

(e.g RTA/PI/Commercial/Debt/Holiday)

Type of Hearing: _____

(e.g Trial/Application/CMC)

Track: _____

(Multi/Fast/Small)

Value of Claim :

0 - £3,000
(CPR £485 + VAT)

£3,001 - £10,000
(CPR £690 + VAT)

£10,001 - £15,000
(CPR £1,035 + VAT)

£15,000 +
(Fee negotiable)

Further Case Information (if required):

Enquiry Date:

Enquiry Time:

Book online at www.clerksroom.com