# AvMA PANEL CASE REPORT FORM

This form should be completed electronically or scanned.

Please note: for new applicants to the panel, all submitted case reports should have been settled/concluded within the last 18 months. For applications for reaccreditation, all submitted cases should have been settled within the last two years. The applicant should have had sole conduct throughout (other than administrative tasks and routine matters).

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| Date | | | |  | | | | | Report Number | | | | | | |  | | | |
| 1. **YOUR DETAILS** | | | | | | | | | | | | | | | | | | | |
| Your name | | | |  | | | | | | | | | | | | | | | |
| Your firm | | | |  | | | | | | | | | | | | | | | |
| 1. **YOUR CLIENT** | | | | | | | | | | | | | | | | | | | |
| Client’s first name, initials or identifier | | | |  | | | | Client’s DoB | | | | | | | | |  | | |
| Injured party’s first name, initials or identifier (if not client) | | | |  | | | | Injured party’s DoB | | | | | | | | |  | | |
| Name of defendant(s) | | | |  | | | | | | | | | | | | | | | |
| Defendant’s solicitors & counsel | | | |  | | | | | | | | | | | | | | | |
| 1. **CASE DETAILS** | | | | | | | | | | | | | | | | | | | |
| Date of injury | | | |  | | | | | | | | | | | | | | | |
| Age of client at time of injury/death | | | |  | | | | | | | | | | | | | | | |
| Limitation date | | | |  | | | | | | | | | | | | | | | |
| Brief description of the case.  [This must be in your own words and include the client’s medical condition and any significant co-morbid conditions, the medical/surgical intervention and the key allegations of negligence.] | | | |  | | | | | | | | | | | | | | | |
| Brief description of the injury  [This must be in your own words and include details of the level of debility/disability caused including the severity of any psychiatric injury.] | | | |  | | | | | | | | | | | | | | | |
| Present condition and/or prognosis | | | |  | | | | | | | | | | | | | | | |
| **N.B. Pleadings, statements, counsel’s advice may be submitted in addition to the summary but should not replace a summary in your own words**. | | | | | | | | | | | | | | | | | | | |
| 1. **FUNDING** | | | | **TYPE OF FUNDING** | | | | | | | | **DATE**  **from** | | | | | | **to** | |
| Please list in date order the funding arrangements for this case (public funding, private, legal expenses insurance, CFA, union etc) including when ATE insurance was taken out. | | | |  | | | | | | | |  | | | | | |  | |
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| Details of any funding difficulties | | | |  | | | | | | | | | | | | | | | |
| 1. **INITIAL INVESTIGATION** | | | | **DATE(S)** | | | | | | **ADDITIONAL COMMENTS** | | | | | | | | | |
| Client’s first contact | | | |  | | | | | |  | | | | | | | | | |
| Your first interview with client | | | |  | | | | | |  | | | | | | | | | |
| Retainer confirmed (client care letter and Ts & Cs) | | | |  | | | | | |  | | | | | | | | | |
| Client’s statement signed | | | |  | | | | | |  | | | | | | | | | |
| Medical records applied for | | | |  | | | | | |  | | | | | | | | | |
| Medical records received | | | |  | | | | | |  | | | | | | | | | |
| Details of any additional documents requested (e.g. Serious Incident reports, infection control etc). | | | |  | | | | | |  | | | | | | | | | |
| Medical records and additional documents collated | | | |  | | | | | |  | | | | | | | | | |
| If an inquest was held, please provide brief details | | | |  | | | | | |  | | | | | | | | | |
| 1. **EXPERT LIABILITY (L) AND CAUSATION (C) EVIDENCE**   (add more lines to table as required) | | | | | | | | | | | | | | | | | | | |
|  | | Expert’s name | Speciality | | | L or C | | | | | Date instructed | | | | Date received | | | | †Grade and/or comment |
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| †Grade:  [1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful | | | | | | | | | | | | | | | | | | | |
| 1. **QUANTUM EVIDENCE (key experts)**   Indicate at what stage the report was obtained e.g. pre-issue, post-issue, after an admission of liability or successful trial on liability. | | | | | | | | | | | | | | | | | | | |
|  | Expert’s name | | Speciality | | | Date received | | | | | | | | Stage report was obtained. | | | | | †Grade and/or comment | |
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| †Grade:  [1] Helpful and positive; [2] Helpful but equivocal [3] Helpful but unsupportive; [4] Unhelpful | | | | | | | | | | | | | | | | | | | |
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| 1. **COUNSEL** | | | | | | | | | | | | | | | | | | | |
| **Name of counsel** | | | | **Chambers** | **Written advices (Dates)** | | | | | | | | | | **Conference date(s) (Experts and/or client in attendance)** | | | | |
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| 1. **PRE-ISSUE** | | | | **DATE and/or DETAILS** | | | | | | | | | | | | | | | |
| Letter of Claim | | | |  | | | | | | | | | | | | | | | |
| Response to Letter of Claim | | | |  | | | | | | | | | | | | | | | |
| First schedule of special damage drafted (brief details of heads and totals) | | | |  | | | | | | | | | | | | | | | |
| Pre-issue settlement agreed Y/N (details) | | | |  | | | | | | | | | | | | | | | |
| If settled pre-issue, go to Qu.11 | | | | | | | | | | | | | | | | | | | |
| 1. **LITIGATION** | | | | **DATE and/or DETAILS**  [please include details of any agreed extensions] | | | | | | | | | | | | | | | |
| Issue | | | |  | | | | | | | | | | | | | | | |
| Service of claim form and particulars of claim | | | |  | | | | | | | | | | | | | | | |
| Service of defence | | | |  | | | | | | | | | | | | | | | |
| Allocation questionnaire filed | | | |  | | | | | | | | | | | | | | | |
| First CMC | | | |  | | | | | | | | | | | | | | | |
| Document exchange | | | |  | | | | | | | | | | | | | | | |
| Exchange of witness statements | | | |  | | | | | | | | | | | | | | | |
| Exchange of medical expert reports | | | |  | | | | | | | | | | | | | | | |
| P35 questions to experts | | | |  | | | | | | | | | | | | | | | |
| Experts’ meetings | | | |  | | | | | | | | | | | | | | | |
| Experts’ joint statements | | | |  | | | | | | | | | | | | | | | |
| Updated schedule served (include total value) | | | |  | | | | | | | | | | | | | | | |
| Second CMC | | | |  | | | | | | | | | | | | | | | |
| Trial date set/listing questionnaire filed | | | |  | | | | | | | | | | | | | | | |
| Pre trial review | | | |  | | | | | | | | | | | | | | | |
| Date of trial | | | |  | | | | | | | | | | | | | | | |
| 1. **PART 36 OFFERS** | | | | Claimant or Defendant | | | Date | | | | | | | | Offer | | | | |
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| 1. **SUMMARY OF SUCCESSFUL SETTLEMENT** | | | | | | | | | | | | | | | | | | | |
| Date of settlement/judgment | | | |  | | | | | | | | | | | | | | | |
| Stage at which claim settled | | | |  | | | | | | | | | | | | | | | |
| Method of settlement (e.g. at RTM, negotiation, Part 36 etc) | | | |  | | | | | | | | | | | | | | | |
| Total damages | | | | £ | | | | | | | | | | | | | | | |
| General damages | | | | £ | | | | | | | | | | | | | | | |
| Specials/future loss | | | | £ | | | | | | | | | | | | | | | |
| CRU Deduction | | | | £ | | | | | | | | | | | | | | | |
| Amount received by client after deductions (CRU, cost shortfall or other deductions from damages) | | | | £ | | | | | | | | | | | | | | | |
| Details of lump sum and periodical payments | | | |  | | | | | | | | | | | | | | | |
| Details of any interim payments | | | | Date | | | | | | | | | Amount | | | | | | |
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| 1. **COMMENT ON DAMAGES** | | | | | | | | | | | | | | | | | | | |
| Please indicate whether this represented a full or compromise settlement. If this was a compromise settlement, please provide brief details of the basis for the compromise. | | | |  | | | | | | | | | | | | | | | |
| 1. **SUMMARY OF ABANDONED CASE (NEW PANEL APPLICANTS ONLY)** | | | | | | | | | | | | | | | | | | | |
| Date case abandoned | | | |  | | | | | | | | | | | | | | | |
| Stage abandoned | | | |  | | | | | | | | | | | | | | | |
| Reasons for withdrawal | | | |  | | | | | | | | | | | | | | | |
| 1. **SUMMARY OF COSTS (All applicants)** | | | | | | | | | | | | | | | | | | | |
| Bill as drawn (including disbursements, profit costs, counsel, VAT) | | | |  | | | | | | | | | | | | | | | |
| Date of detailed assessment | | | |  | | | | | | | | | | | | | | | |
| Costs recovered | | | |  | | | | | | | | | | | | | | | |
| Details of shortfall or success fee recovered from client | | | |  | | | | | | | | | | | | | | | |
| 1. **ADDITIONAL INFORMATION – DELAYS, DIFFICULTIES, OTHER FACTORS** | | | | | | | | | | | | | | | | | | | |
| Please provide details of any difficulties progressing the case at any stage, please summarise the problems encountered including details of any delays in collating the initial set of documents, client care issues, difficulties with experts, funding, delays caused by the defendants, and other relevant matters. | | | |  | | | | | | | | | | | | | | | |
| 1. **DETAILS OF ANYONE WHO ASSISTED WITH THIS CASE AND THEIR ROLE** | | | | | | | | | | | | | | | | | | | |
| If you were absent for an extended period during the life of the claim, please provide dates and your role in the case. | | | |  | | | | | | | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | | | | | | | | | | | |
| In submitting this form with my application, I certify that I have had sole conduct throughout (other than administrative tasks and routine matters) and subject to 17 above:  Signed: Date  Please remember to sign the copy of the report form included with the printed version of your application. | | | | | | | | | | | | | | | | | | | |