# AvMA PANEL CASE REPORT FORM (NI)

This form should be completed electronically or scanned.

Please note: all submitted case reports should have been settled/concluded within the last two years. The applicant should normally 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 Year of Birth |  |
| Injured party’s first name, initials or identifier (if not client) |  | Injured party’s Year of Birth |  |
| 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 should 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 should 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 (legal aid, private, legal expenses, union etc)  |  |  |  |
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|  |  |  |
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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 preliminary statement prepared |  |  |
| Medical records applied for |  |  |
| Medical records received |  |  |
| Details of any additional documents requested (complaints documentation, infection control documents 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  |
| 1. **COUNSEL**
 |
| **Name of counsel** | **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 of writ |  |
| Service of writ |  |
| Service of Statement of Claim |  |
| Service of defence |  |
| Close of pleadings |  |
| Exchange of medical evidence |  |
| Certificate of readiness |  |
| Experts’ meetings |  |
| Experts’ joint statement |  |
| Pre-trial review |  |
| Hearing date set |  |
| Date of hearing |  |
| 1. **SUMMARY OF SUCCESSFUL SETTLEMENT**
 |
| Date of settlement/judgment |  |
| Stage at which claim settled  |  |
| Method of settlement (e.g. negotiation, judgment etc) |  |
| Total damages  |  |
| General damages |  |
| Specials/future loss |  |
| Compensation Recovery Deduction |  |
| Amount received by client after deductions (CRS, 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**
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|  |  |
| 1. **Abandoned cases**
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| 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 recovered from client |  |
| 1. **ADDITIONAL INFORMATION – DELAYS, DIFFICULTIES, OTHER FACTORS**
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| 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 16 above:Signed: Date |