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| --- | --- |
| Name & Address |  |
| Contact Details: Email: |  |
| Telephone: |  |
| Mobile: |  |
| Fax: |  |
| Names Of Parties in the Action |  |
| Have you had, or are you currently instructing any other legal representation, such as the solicitor or barrister. (If so please give details to avoid any conflict issues) | Yes / No |
| Brief synopsis of your complaint (Use separate sheet if required) |  |
| Are there any court details to adhere to? If yes please give details. |  |
| What Advice are you seeking? |  |
| When do you need the work completed by? |  |
| Is there a 5RB barrister that you wish to instruct or would you like suitable counsel to be designated to you? |  |

Please attach this form, any relevant correspondence, such as articles or wording complained of. If the matter has been dealt with by the courts include any court orders or judgments.

For confirmation of identity we ask for a **photocopy or Scanned copy of your passport or driving license.**

Please send your completed form to [clerks@5rb.com](mailto:clerks@5rb.com), The Clerks, 5RB, 5 Gray’s Inn Square, Gray’s Inn, London, WC1R 5AH or DX to LDE 1054.