

{ MERGEFIELD MH\_PROFS\_MH\_MHRT\_name }  
{ MERGEFIELD MH\_PROFS\_MH\_HOSPITAL\_dxno }

Please ask for:  
{ MERGEFIELD

Your Ref:

Our Ref:  
{ MERGEFIELD  
"MATED EEE EADNEB ID" \\*

Date:  
{ SET LtrDate { DATE  
 \@ "d MMMM yyyy" \}

Dear Sirs,

**RE: { MERGEFIELD LINKNAME FORENAME 1 } { MERGEFIELD LINKNAME SURNAME 1 }**  
**Case No. { MERGEFIELD MH\_PROFS\_MH\_CASENO }**

We confirm that we are instructed on behalf of the above named in connection with { IF { MERGEFIELD MH\_ADDCLIDETS\_MH\_GENDER } = "Male" "his" "her" } application to the First-Tier Mental Health Review Tribunal.

As contract holders, we have granted Legal Help funding to our client, together with authority to instruct an independent psychiatrist and independent social worker if necessary.

Yours faithfully,

{ MERGEFIELD CALCULATION\_FEE\_EARNER\_DESCRIPTION }  
{ MERGEFIELD PRACTICEINFO\_PRACTICE\_NAME }