

Page 1 of 6

Corporate / Partners Membership Form & Questionnaire

SCARD & CADD are the only independent charities dedicated to supporting all road victims and they receive no funding from any Government agency.

SCARD & CADD membership donations help to support our free Counselling service, helpline and other essential services to the bereaved and injured.

We wish to become Partners/ Corporate member of SCARD/CADD

Company Name(s):

Your Name

Company Address:.....

.....

Post Code:..... Telephone :

Fax:..... Mobile :.....

Date..... Signature(s)

All Partner/Corporate members are entitled to an entry on the SCARD and CADD web sites, with links to their own sites. In addition, full membership entitles your company to use SCARD & CADD's names and logos on its promotional materials.

Which Membership do you require? Please tick✓

Partner/Corporate: £1.000 Donation

We would also like to make an additional donation of

Membership lasts for one calendar year. Please make cheques payable to 'SCARD'.

Solicitor Membership Questionnaire

Please give as much detail as you are able, as it helps us get a picture of your firm and the services you can offer to our clients. Please continue on a separate sheet of paper if necessary.

- 1. Name of Firm
- 2. Number of Partners
- 3. Number of Assistant Solicitors
- 4. Number of Personal Injury Solicitors in Practice
.....
- 5. Please give the names and length of experience of each

<u>Name</u>	<u>Experience of Civil Claims (Years)</u>	<u>Roll Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 6. Number of fee earners with fatal accident responsibilities
.....
- 7. Number of fee earners with experience of running fatal accident claims
.....
- 8. Contact Name of Qualified Solicitor
.....
Position
- Date of Qualification
- Roll Number
- 9. Does your firm have experience in private prosecutions? If so, please give details
.....
.....
.....
- 10. Are you prepared to give free ongoing telephone advice to clients?
Yes / No

11. With your clients' permission, would you be willing to give references for your firm from bereaved clients or their families who you have represented in the last three years?

12.

Name _____
Address _____

Phone No. _____

Name _____
Address _____

Phone No. _____

13. Are you prepared to visit clients in their own home? Yes / No

14. How far are you willing to travel?

15. Are you or your firm prepared to act on a conditional fee basis?
Yes / No

16. Please give details of any professional development work related to fatal accident claims undertaken in the last year

.....
.....
.....

17. Is your firm's Professional Indemnity Insurance Cover £5 million or Over?

18. How many fatal accident cases have you dealt with in the last three years?
- By you, the contact solicitor
- By your firm

19. In relation to those cases, please give details of how you, the contact solicitor and/or your firm dealt with those cases

.....
.....

20. Does your firm give advice or guidance about the investment of damages?

Yes/No

21. Are you, the contact solicitor, a member of the Law Society Personal Injury Panel?

Yes/No

22. How many settlements or awards of damages for bereaved clients have you and / or this firm concluded in the past three years?

- (a) Number over £100,000
- (b) Number over £500,000
- (c) Number over £1 million
- (d)

23. Are you, the contact solicitor, a member of APIL?

Yes/No

24. Do you have a complaints procedure for clients?

Yes/No

- If so, please provide a copy

Inquests

25. Are you, the contact solicitor, prepared to provide free representation to the bereaved at an inquest?

Yes/No

26. Have you, the contact solicitor, or your firm been involved in any Judicial Review proceedings in relation to inquests within the last three years?

Yes/No

Criminal Law

27. Do you, the contact solicitor, have experience of criminal law?

Yes/No

- If yes, how long?

28. Are you prepared to liaise with the family, the Family Liaison Officer, and the Crown Prosecution Service over the pressing of criminal charges?

Yes/No

- If yes, please give details of any previous experience of this

.....
.....
.....

29. Finally, if other solicitors are interested in joining SCARD & CADD, would you object if we gave them your details to act as a reference site for us?

Yes/No

Signed

Dated

**Thank you for completing the questionnaire & corporate
Membership forms**

**Please return completed questionnaire & corporate membership to S.C.A.R.D.
PO Box 62, Brighouse, West Yorkshire, HD6 3YY**

**Mark your envelope "Corporate Membership" and return your completed form
to the address above.**

**If you have any questions with regard to SCARD or CADD or this form please
ring the office on 0845 1235541/3 or write to the above address.**