G Alexander Harris solicitors



Our ref: Your ref: Please ask for: Direct dial: AA/SJM/31243/1/9516

SARA-JANE MACKINNON

4 April 2003

Dear Mr & Mrs Williamson

## **Gosport War Memorial Hospital**

I write further to my recent correspondence dated 18 February in which a consent form was enclosed for your completion.

I note from our files that you have not as yet returned this form to us. If we do not receive your completed consent form within the next seven days we will assume you no longer wish to be represented in the above matter and will remove your details from our database. If you have mislaid this form, I enclose a further copy together with a stamped addressed envelope for your use.

If in the future however your position changes, please do not hesitate to contact Code A on Code A who will be only too pleased to assist you.



**Best Regards** 

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Yours sincerely



ANN ALEXANDER ALEXANDER HARRIS

Code A

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Partners: David N Harris LL.B, Ann Alexander LL.B (Hons) M.B.A (Managing Partner), Lesley Herbertson M.A (Cantab), Nicola Castle LL.B (Hons) LLM, Richard Follis LL.B (Hons), Jenny Kennedy, Lindsay Wise B.A (Hons), Grainne Barton LL.B (Hons), Richard Barr, Christian Beadell LL.B (Hons), Auriana Griffiths LL.B (Hons), Warren Collins LL.B (Hons) Consultants: Rosie Houghton LL.B (Hons), Prof. Daniel S Simons B.A (Hons) J.D (Member of the Florida Bar)

Associates: Yee Fon Sit LL.B (Hons), Douglas I. Silas LL.B (Hons), Susannah Read LL.B (Hons), Tim Annett LL.B (Hons), Kim Barrett B.A (Hons) LLM, Jonathan Betts LL.B (Hons), Jo Masters LL.B (Hons), Chris Binns LL.B (Hons), "Sue Taylor, "Debbie Murphy RGN, RM, Dip N, "Kirsty R Richards, "Kirsten Limb B.Sc (Hons)." (not a practising solicitor)

Alexander Harris is a franchised firm and a member of the Community Legal Service Regulated by The Law Society

## CONSENT FORM

Name	
Address (incl. Postcode)	
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- <u></u>	
Telephone No.	
Deceased	
Date of Death	
Relationship to Deceased	
Transferred to Gosport War Memorial Hospital from:-	
☐ Other Hospital (if so state which) ☐ GP ☐ Other (please	
I, confirm that I wish to support the inv	vestigation s and any
I, confirm that I wish to support the inv relating to The Gosport War Memorial Hospital. I also confirm that I give permission to Alexander Harris to release my details	vestigation s and any
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