

EVERSHEDS LLP ARCHIVING FORM

Please provide one form per Matter.

When filling out this form, please type or use block capitals.

PLEASE NOTE: If this form is incomplete or the matter files are not submitted in a condition which enables the Archiving teams to handle them, they may be returned to the Legal Adviser. It is extremely important that the information on this form is correct and suitable attention is given to packaging the matter files in an appropriate manner.

COMPLETE ALL SECTIONS

Client 145634 Client General Medical Council
 No: Name:
 Matter 25 Matter Barton
 No: Description:
 Billing Time Keeper: JonesPW
 Contact Name and Ext No:
 Additional Information:

SERVICE REQUIRED (tick one)

OPTION 1: CLOSED MATTER SUBMITTED FOR ARCHIVING (This is box ___ of ___)

OPTION 2: OPEN MATTER SUBMITTED FOR SAFE KEEPING (This is box ___ of ___)

For Option 1: Please attach a copy of the appropriate Automatic Closing Report from Elite

CERTIFICATE

This File has been checked carefully for original Title Deeds, Probates, Agreements and other documentation which ought to be preserved separately. Please submit these for safekeeping using the Deeds Storage procedure.

SIGNATURE: DATE: Code A 29. 01 - 2007

(Legal
 Adviser)

PRINT DEPARTMENT:
 NAME:

CLOSED MATTER RETENTION PERIOD

Unless the Matter falls within one of the exceptions set out below, the File will be held in storage for a period of **10 years** from the date of closure. Upon expiry of this period the File will be destroyed without further review.

Please 10 years

Indicate
 Chosen
 Retention
 Period

Record Type: **File - Standard**

FOR ARCHIVING USE ONLY

DATE CLOSED: DESTRUCTION DATE:

DATE MATTER LOCATION REF:

STORED:

ARCHIVED BOX LOCATION REF:

BY:

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Bulk Storage Form

Secretary's Name:	<u>Code A</u>	Secretary's Room No:	<u>PH03</u>
Partner's Name:	<u>SLE</u>	Date sent to Archives:	<u>07/05/08</u>

Box Number:	X-Range – From:	To:
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Client & Matter Number:	Client Name:	Client Matter Details: (and any other information required for identification in the future)	File Review or Destruction Date:	X Number: (to be completed by File Room)
00492.15579	General Medical Council	Dr Barton – Box 21		
		BJC/40 Violet Reeve paper medical records.		
		BJC/27 Albert Hooper medical records volume 2.		
		BJC/23 Charles Hall medical records.		
		BJC/42 James Ripley medical records.		
		BJC/12 Walter Clissold medical records.		

(TAB THROUGH TO ADD MORE ROWS TO THE TABLE IF REQUIRED, DELETE SURPLUS ROWS)

ARCHIVES ONLY - Form completed on:	By:
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Secretary's Name: <u>Code A</u>	Secretary's Room No: <u>PH03</u>
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ARCHIVES ONLY - Form completed on:	By:
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GENERAL MEDICAL COUNCIL**DR BARTON 00492.15579**

SLE/TET

Box 21

1. BJC/40 Violet Reeve paper medical records.
2. BJC/27 Albert Hooper medical records volume 2.
3. BJC/23 Charles Hall medical records.
4. BJC/42 James Ripley medical records.
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