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: Code A
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 07 - 02-2007
(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

FOR ARCHIVING USE ONLY

BOX LOCATION REF:

Record Type: File - Standard

DATE

BY:

STORED: ARCHIVED

DATE CLOSED: DESTRUCTION DATE:

MATTER LOCATION REF:

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(Legal				
Adviser)				
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STORED: ARCHIVED BOX LOCATION REF: BY:				

Bulk Storage Form

Partner's Nar		<u> </u>	Secretary's Room No:	PH03	
	Partner's Name: SLE		Date sent to Archives:	07/05/08	
· · · · · · · · · · · · · · · · · · ·				-	
Box Number:			X-Range – From:	То:	
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	Genera	l Medical Council	Dr Barton – Box 15		
			Mary Donaghue medical records from microfilm. Amey Denis microfilm medical		
			records.		*
			Daphne Taylor microfilm medical records.		
			Vera Miller paper medical records.		
			Norman Willis part 3 of 3 medical records.		
	-				
(TAB THROUGH	TO ADD	MORE ROWS TO THE	TABLE IF REQUIRED, DELETE SURPLUS ROWS)	

Bulk Storage Form

Secretary's N	Name: Code A	Secretary's Room No:	PH03	
Partner's Name: SLE		Date sent to Archives:	07/05/08	
Box Number	•	X-Range – From:	То:	
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)
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		Mary Donaghue medical records from microfilm.		
		Amey Denis microfilm medical records.		
		Daphne Taylor microfilm medical records.		
		Vera Miller paper medical records.		
		Norman Willis part 3 of 3 medical records.		
·				
(TAB THROUGH	I TO ADD MORE ROWS TO THE	TABLE IF REQUIRED, DELETE SURPLUS ROWS)	
ARCHIVES C	ONLY - Form completed o	on: By:	- AM 1-0	

GENERAL MEDICAL COUNCIL

DR BARTON 00492.15579

SLE/TET

Box 15

- 1. Mary Donaghue medical records from microfilm.
- 2. Amey Denis microfilm medical records.
- 3. Daphne Taylor microfilm medical records.
- 4. Vera Miller paper medical records.
- 5. Norman Willis part 3 of 3 medical records.

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EVERSHEDS LLP	ARCHIVING	FORM
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COMPLETE ALL SECTIONS

Client 145634

Client

General Medical Council

No:

Name:

Matter 25

Matter

No:

Description:

Billing Time Keeper:

Code A

Barton

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 __)

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SIGNATURE: DATE:

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07 - 02 - 2007

(Legal Adviser)

PRINT

DEPARTMENT:

NAME:

CLOSED MATTER RETENTION PERIOD

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Please

10

vears

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: