## **Split invoicing form**

Case	reference:	DCX	

Lead body/contracting party:

Court Order reference (if relevant/available):

The costs of the test are to be split between the below parties, in the indicated proportions.

Lead body/contracting party please enter your	Party 2	
details here. Contact Name:	Contact Name:	
Your case reference: Client represented: Invoicing address:	Your case reference: Client represented: Invoicing address:	
(Firm)	(Firm)	
(No. & St.)	(No. & St.)	
(Area)	(Area)	
(Town/City)	(Town/City)	
(County)	(County)	
(Post Code)	(Post Code)	
Telephone: e-mail: Invoice share (e.g. ½): LAA certificate number (if relevant):	Telephone: e-mail: Invoice share (e.g. ½): LAA certificate number (if relevant):	
Party 3 Contact Name:	Party 4 Contact Name:	
Your case reference: Client represented: Invoicing address:	Your case reference: Client represented: Invoicing address:	
(Firm)	(Firm)	
(No. & St.)	(No. & St.)	
(Area)	(Area)	
(Town/City)	(Town/City)	
(County)	(County)	
(Post Code)	(Post Code)	
Telephone: e-mail: Invoice share (e.g. ¼): LAA certificate number (if relevant):	Telephone: e-mail: Invoice share (e.g. ½): LAA certificate number (if relevant):	

For further information, please see: http://www.dadcheckgold.com/FAQs. "How do you work with the Legal Aid Authority?"

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