
MEDIATION@EWINGS

REFERRAL FORM

Referral made by:..... Date:.....

1. Your Details (client):	Solicitors Firm:
Name:	Ref:
Address:	Address:
	DX:
Tel No:	Tel No:
Email:	Email:
Do you have/want Legal Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Aid referral? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Other Party's Details:	Solicitor Firm (if applicable):
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Email:	Email:

What is your case about?

Contact Residence Other children issues

Finances Property All of these

Other.....

Any other relevant information?

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Thank you for your referral, we will contact you shortly.