

 SOLICITOR REFERRAL FORM

Referring Solicitor: Your Ref:

Address: Wye Valley Ref:

Received by Wye Valley:

Tel. No:

Name of Client:
Address:

Preferred telephone number:

Name of Partner:

Address:

Preferred telephone number:

Is your client likely to be eligible for legal aid? [ ]  Yes [ ]  No [ ]  Not Sure

Is your client likely to want to come to mediation? [ ]  Yes [ ]  No [ ]  Not Sure

Is former partner likely to be eligible for legal aid? [ ]  Yes [ ]  No [ ]  Not Sure

Is former partner likely to want to come to mediation? [ ]  Yes [ ]  No [ ]  Not Sure

Details of relationship with former partner [ ]  Married [ ]  Cohabited

 [ ]  Not cohabited [ ]  Not sure

Likely Mediation Issues: Relationship Breakdown [ ]  Yes [ ]  No

 Children Only [ ]  Yes [ ]  No

 Property and Finance [ ]  Yes [ ]  No

 All Issues [ ]  Yes [ ]  No

Further Information

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