

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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