



REFERRAL FORM

	<i>Applicant's Details</i>	<i>Second Party's Details</i>
Full name:		
Full Address:		
E-mail address:		
Telephone (home):		
Telephone (mobile):		
Telephone (work):		
N.B. it is very important to provide <u>daytime</u> contact numbers for <u>both parties</u> to avoid delay!		
Solicitor (inc reference):		
Firm:		
Tel (solicitor / secretary):		
Solicitor's DX / Address:		
<i>Is this client eligible for Legal Aid?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
<i>Have the parties attended Mediation previously?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Where did you hear about DFSL? Please specify:</i>		
<i>Is this a referral for an MIAM with the view to receiving an FM1 under the Pre Application Protocol?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Please tick as appropriate:</i>	You would like DFSL to contact the second party to offer them an intake meeting before the Applicant is contacted; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
	You would like DFSL to contact the Applicant to	

	offer an intake meeting before the second party is contacted.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please tick to indicate the client's preferred venue:

Exeter Torquay Newton Abbot Barnstaple Plymouth

Any special facilities required:	Any language / translation needs:
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

It is vitally important that DFSL are made aware of any issues relating to Child Protection, Domestic Abuse or Mental Health before clients attend an intake meeting. Please check with your client and delete as appropriate as follows:

Domestic Abuse	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Protection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide details of any Domestic Abuse, Child Protection or Mental Health issues:

Please tick to indicate the nature of the dispute:

Children Issues	Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cohabitation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Divorce	Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property & Finance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Court Proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please provide any additional information that may be of assistance, including details of any special requirements: -

(Please continue on separate sheet if necessary)