



<u>Your details (your Client's if completed by solicitor)</u>														
Name		Date of birth												
Address														
Post Code		Occupation												
Private/secure e-mail address														
Telephones:														
Day		Evening		Mobile										
<u>Your Solicitor (if you have consulted one)</u>														
Name		Firm												
Address														
DX		Telephone		Fax										
e-mail		Ref												
<u>You partner/the other party</u>														
Name		Date of birth												
Address														
Post Code		Occupation												
Private/secure e-mail address														
Telephones														
Day		Evening		Mobile										
<u>His/her Solicitor (if he/she has consulted one)</u>														
Name		Firm												
Address														
DX		Telephone		Fax										
e-mail		Ref												
<u>Children</u>														
		Name		Date of birth										
Child 1	<input type="checkbox"/> Boy	____ / ____ / ____		Child 2	<input type="checkbox"/> Boy	Name		Date of birth						
	<input type="checkbox"/> Girl				<input type="checkbox"/> Girl	____ / ____ / ____								
Child 3	<input type="checkbox"/> Boy	____ / ____ / ____		Child 4	<input type="checkbox"/> Boy	Name		Date of birth						
	<input type="checkbox"/> Girl				<input type="checkbox"/> Girl	____ / ____ / ____								
Parties' relationship			Date Separated ____/____/____			Eligible for Legal Aid?			You			The other party		
<input type="checkbox"/> Married						<input type="checkbox"/> Yes			<input type="checkbox"/> Yes					
<input type="checkbox"/> Cohabitants						<input type="checkbox"/> No			<input type="checkbox"/> No					
<input type="checkbox"/> Never lived together						<input type="checkbox"/> Unsure			<input type="checkbox"/> Unsure					
<input type="checkbox"/> Uncertain														
Referral in relation to: <input type="checkbox"/> Children Issues <input type="checkbox"/> Financial Issues <input type="checkbox"/> All Issues														
Does your partner/the other party know that you are making this referral?						Is it OK to contact your partner/the other party?								
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No								