

Referral / recommendation form

Referring firm:

Date:

Contact name:

Telephone:

Email:

Client's details

First Name:

Surname:

Address:

Telephone:

Mobile:

Email:

Area of Law:

Additional details of the matter:

Funding:	Public Funding <input type="checkbox"/>	Private Paying <input type="checkbox"/>	LEI <input type="checkbox"/>
Have you disclosed fee share arrangement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Opt out of fee share	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If we cannot assist the client, please authorise referral to another firm	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>