



**“Providing free legal representation
on the Western Circuit”**

WCFRU

REFERRAL FORM FOR NON-EMPLOYMENT CASES (Social Security Appeal Tribunals, Medical Appeal Tribunals, Criminal Injuries Compensation Board and Rent Tribunals)

Client Details

Name:

Address:

Telephone Number:

Tribunal Details

Type of Tribunal :

Address :

Case reference Number (if any) :

Hearing Date (if any) :

Time :

Referred By

Name:

From:

Contact Telephone Number:

I confirm that I have undertaken this case on a complete pro-bono basis and have read and understood the conditions in the accompanying booklet.

Signature.....

Date.....

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Case Summary

Is Advice required?

(If yes, please state the nature of advice sought i.e. merit, quantum, evidence etc)

Instructions:

1. Please complete the form in duplicate.
2. Please type or print legibly and send all referral forms with all relevant copy documentation to enable counsel to conduct the hearing. If original documents are to be produced, please ensure that the client brings these to the Tribunal on the day of the hearing, if no member of the referral agency will be in attendance.
3. In cases requiring representation, acceptance of this referral form does not mean that representation will be afforded. The administrator will use her best endeavours to inform the referral agency within 3 days if representation is available. If you have not heard by this time, contact Gill Richards at the administrator’s office. In cases where there is some urgency, contact the administrator prior to sending the form.
4. Cases requiring representation with less than 4 weeks notice will generally not be accepted.

Administrator
Mrs. Gill Richards

Scheme Office
31 Southgate Street, Winchester, SO23 9EB