



Chichester Evening Law Clinic referral form

Area of legal advice needed:

Civil Litigation [] Consumer debt [] Employment [] Family [] Property [] Wills and Probate []

Personal Details:

Surname (family) Name:

First Name(s):

Title: Mr [] Mrs [] Ms [] Miss [] Dr [] other []

Date of Birth:

Address:

Post code:

Email:

Home Number:

Mobile:

Other Party (conflict of interest obligation):

Is it a business/employer?

Company name:

The individual (includes those acting for and on behalf of the above business)

Surname (family) Name:

First Name(s):

Title: Mr [] Mrs [] Ms [] Miss [] Dr [] other []

Date of Birth:

Address:

Relationship with you (employer/landlord/contractee/or etc.):

The issue(s):

Please briefly explain the issue(s) - (more detail will be captured with your consultation with the Law Clinic volunteer).

Key event/problem (divorce/dismissal/breach of contract etc.):

Main concern(s)/required outcome(s):