



SERVICE PROVIDER REFERRAL FORM

Please email to: macarthur_admin@maclegal.net.au

Referrer Details	
Referral Date	
Referrer Name	
Referrer Organisation	
Referrer Contacts	
Urgency	Not Urgent Urgent
Vulnerable/Priority Client	No Yes

Client Details	
Full Name/AKAs	
DOB	
Address	
Contact details (phone/email)	
Client consents to MLC contacting referrer to confirm advice provided?	No Yes
Is it safe for MLC to leave a voicemail for/send an email to client?	No Yes
Interpreter Required?	No Yes Language?

Other Party Details	Person/entity your client has a dispute with
Full Name/AKAs	
DOB (if known/applicable)	

Matter Details	
Legal issues?	
Help Needed?	
Relevant Background	

MLC OFFICE USE ONLY: Conflict? No Yes Staff Member:

Date: