

REFERRAL FORM

Letterbox/Indirect Contact

Referral fee enclosed £30.00

Cost of Letterbox £20.00 per occasion, plus postage if over 100 g

Frequency required <small>(circle as appropriate)</small>	Weekly	Fortnightly	Monthly	Other
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1. Parties

	Resident Party	Non-Resident Party
Name		
Gender	M/F	M/F
Address (must be completed)		
Telephone Number		
Email address		
Preferred method of contact		
Solicitor details if applicable (name, firm, address, contact telephone number and email)		

2. Court Order

Is this referral ordered by the Court (If yes, a copy of the Order must accompany the referral form)	Yes	No
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3. **Children**

Name	Gender	Date of birth	Name of carer
	M/F		
	M/F		
	M/F		
	M/F		

4. **Referrer**

Name	
Agency and address	
Telephone Number	

5. **Details of contact?** (This section must be completed. Please give details, eg what can or cannot be sent; are there any reciprocal arrangements, etc)

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6. **We hereby undertake that we have answered the above questions to the best of our knowledge. We understand that all information provided to Families Forward will be used for the sole purpose of the facilitation of contact.**

Parties

Resident Party	Contact Party
Signed:	Signed:
Date:	Date:

Please return referral form to:
Families Forward
 Oaktree House, 408 Oakwood Lane, Leeds LS8 3LG
 Telephone 0113 235 9322 Email info@familiesforward.org.uk
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