LawWorks connects volunteer lawyers in England and Wales with people in need of legal advice and assistance who are not eligible for legal aid and cannot afford to pay for such legal services. The project provides legal support and representation to individuals appealing ESA / UC Work Capability Assessment decisions and PIP decisions.

* To refer a client for legal advice and assistance please complete the sections highlighted in orange and return this form to: refer@lawworks.org.uk
* Please include your client’s name in the subject line of the email.

## Client information

Please provide the following information about your client:

|  |  |
| --- | --- |
| Full name | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Client’s first language | Click or tap here to enter text. |
| Does the client require an interpreter? |
|  |[ ]  Yes, *please ask the client if they have a family member or friend that can attend the meeting at LawWorks.* |
|  |[ ]  No |

## Referral information

|  |  |
| --- | --- |
| Name of referring agency | Click or tap here to enter text. |
| Contact name | Click or tap here to enter text. |
| Contact number | Click or tap to enter a date. |
| Category of law |
|  |[ ]  Employment & Support Allowance (ESA) Work Capability Assessment appeal |
|  |[ ]  Personal Independence Payment (PIP) appeal |
|  |[ ]  Universal Credit Work Capability Assessment appeal |

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| Please confirm that you have enclosed the tribunal bundle with this referral form |
|  |[ ]  Yes, the bundle is included |
| Referrals without a bundle will be rejected |
| Are there any pending deadlines? If so, please give date and detail (Please note that we cannot usually accept referrals if a hearing date has already been set) |
|  | Click or tap here to enter text. |
| Are there documents attached to this referral form? If so, please list: |
|  | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Has the client consented to the referral? |[ ]  Yes |[ ]  No |

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| By signing this form I give permission for my case to be referred to LawWorks for assistance with my appeal. I understand that there is no guarantee that LawWorks can take on my case.  |
| Client’s signature: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |

## In the alternative

|  |
| --- |
| By signing this form, I |
| Adviser’s name: | Click or tap here to enter text. |
| Confirm that (client’s name) | Click or tap here to enter text. |
| Has given me with their verbal permission for their case to be referred to LawWorks for assistance with their welfare benefits case. |
| Adviser’s signature: | Click or tap here to enter text. |
| Date: | Click or tap to enter a date. |