



SHROPSHIRE CHILD CONTACT CENTRES

May 2007

CHARGING IS £50 PER REFERRAL

THE REFERRING SOLICITOR/AGENT WILL BE INVOICED

NON REFUNDABLE

**CHEQUES PLEASE MADE PAYABLE TO
'SHROPSHIRE CHILD CONTACT CENTRES'**

PLEASE INDICATE IF YOU REQUIRE : RECEIPT	YES	NO
	YES	NO
	INVOICE	YES
		NO

A copy of the Referral Form has been sent to the Solicitor/Agent acting for the other parent and the contents have been agreed.

Signed.....Date.....
(Referring Solicitor)

I have explained the terms of Contact at the Centre to my client and given them a copy of the Centre's Leaflet. I will forward to the Child Contact Centre copies of any Court Orders.

Signed..... Date.....
(Referring Solicitor)

Please return - **FORM AND CHEQUE-**
(Made payable to Shropshire Child Contact Centres)
to: Mrs V A Collard
Address :- Shropshire Child Contact Centres
PO Box 461, Shrewsbury, SY5 7WH

Telephone/Fax - 01743 718052 & 07762 641778

16.5.07