

# REFERRAL FORM

(Please complete in block capitals)

Please reply to:  
19-23 Stanley Street  
Liverpool L1 6AA

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

I confirm that I referred \_\_\_\_\_ (Name) to the Paul Rooney Partnership.  
Accident details are below.

I wish to claim the following £300.00 Gift Voucher (Marks & Spencer / Boots / HMV / Next / John Lewis)  
for referral of a personal injury case.

(Delete as applicable)

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## ACCIDENT DETAILS

Please complete the details of the person you are recommending.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Accident / dismissal date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of accident: \_\_\_\_\_

Brief circumstances of accident:

I confirm that I have told the above named person that I have passed their details onto the Paul Rooney Partnership and that they will be contacted shortly about their claim.

I also confirm that I have told the above named person that I will receive a payment of £300 in the form of a voucher dependant upon the type of case from the Paul Rooney Partnership should their claim be successful. The details of the above named client have not been obtained through "cold calling" or as the result of any advertising or marketing which breaches the relevant Law Society code.