

ENQUIRY FORM

CASE DETAILS	
Client Name/Initials	
Age/Date of Birth	
If the client has any pre-diagnosed learning difficulties	
If the client has any particular needs (i.e. personal, cultural, spiritual) or requirements (i.e. interpreter)	
FUNDING	
How the report to be funded (Legal Aid/Private)	
Party responsible for payment and the contact details of who to send the invoice to	
If the payment is to be split across multiple parties	
PAPERWORK	
Page Count*	
ASSESSMENT	
Assessment Location*	
<i>If client is able to travel for an assessment and if not, where the assessment would need to take place (i.e. solicitor's office, Microsoft Teams). Please note that our clinicians do not undertake home visits.</i>	
REPORT SUBMISSION	
Deadline for Report*	
COURT	
Court Date	
Court Location	
Outline of the Case*:	
Purpose of the report and questions to be addressed by clinician*:	

*We cannot put your enquiry out to our clinicians without this information