|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **File Review Form (Mental Health)** | | | | |  | | | |
| **Client name** |  | | | | **File No** |  | |
| **Fee earner** |  | **Reviewer** |  | | | **Legal Aid** |  |
| **Work area/matter** |  | | | | | **Date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Issues Review** |  |  | Y | N | NA |
| Was the advice accurate, comprehensive and legally correct? | | |  |  |  |
| Has the fee earner undertaken all necessary actions? | | |  |  |  |
| Does the fee earner have sufficient experience to deal with case? | | |  |  |  |
| Are the advisor’s client-handling skills appropriate? | | |  |  |  |

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| Procedural Review | | | Y | N | NA |  | | | Y | N | NA |
| **FILE OPENING** | | | | | | FILE MANAGEMENT | | | | | |
| File opening procedures followed | | |  |  |  | Undertaking identified/registered | | |  |  |  |
| Conflict searches conducted | | |  |  |  | Key information maintained on file | | |  |  |  |
| Initial risk assessment | | |  |  |  | Status of the matter apparent | | |  |  |  |
| Costs v benefits test | | |  |  |  | Key dates recorded/diarised | | |  |  |  |
| Client ID checks/AML compliance | | |  |  |  | Monies on account, if applicable | | |  |  |  |
| **INITIAL INSTRUCTIONS AND CLIENT CARE** | | | | | | **CASE PROGRESSION** | | | | | |
| Instructions/advice/action confirmed | | |  |  |  | Client updated on progress/costs | | |  |  |  |
| Timescales confirmed | | |  |  |  | Risk Notices raised appropriately | | |  |  |  |
| Fee earner/supervisor: name/status | | |  |  |  | Response to calls/correspondence | | |  |  |  |
| Complaints procedure outlined | | |  |  |  | **USE OF EXPERTS AND COUNSEL** | | | | | |
| Adequate costs information | | |  |  |  | Approved Experts/Counsel used | | |  |  |  |
| T&C provided | | |  |  |  | Client consultation, if relevant | | |  |  |  |
|  | | |  |  |  | Clear instructions/brief | | |  |  |  |
| **CLOSED MATTERS** |  | **tick if not applicable** | | | | **LEGAL AID MATTERS** |  | **tick if not applicable** | | | |
| Close of case letter | | |  |  |  | CLR fully completed/signed | | |  |  |  |
| Closing procedures followed | | |  |  |  | Evidence of means provided | | |  |  |  |
| Client documents returned, if relevant | | |  |  |  | Reporting codes correct | | |  |  |  |
| Concluding risk assessment | | |  |  |  | CLR fully completed | | |  |  |  |
|  | | |  |  |  | Justification for CLR representation | | |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | | **Corrective action required?** | |  | Yes |  | No |
| Reviewer’s observations |  | | | | | | |
| Signed (reviewer) |  | | | | | | |
| Corrective actions |  | | | | | | |
| **Date for completion** | **Fee earner confirmation** | | **Reviewer verification** | | | | |
|  |  | |  | | | | |