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| **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? |[ ] [ ] [ ]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |[ ] [ ] [ ]

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