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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | **Risk Notice** | | | | | |  | | | | | | |
| **Client** | |  | | | | | **File ref** | | |  |
| **Matter** | |  | | | | | **Fee earner** | | |  |
| **Stage of matter** | | Start of matter  During matter  Conclusion of matter | | | | | | | | |
| **Risk Category** (please tick one box from below) | | | | | | | | | | |
|  | **SCOPE -** Novel/unusual area of law/outside competence | | | |  | **CLIENT -** Difficult/litigious/unreasonable client | | | | |
|  | **VALUE -** Unusually high value of case | | | |  | **JURISDICTION -** Jurisdiction issues | | | | |
|  | **CLAIM -** Elevated likelihood of complaint/claim | | | |  | **PROFILE -** High profile client/case | | | | |
|  | **COMPLEX -** Unusual complexity to case | | | |  | **OTHER -** Risks not falling into any of above | | | | |
| **Risk assessment by fee earner** | | | | | | | | | | |
| **Provide details of risks identified**\* *(e.g. nature of risk, action already taken, action that you consider is now needed etc.)* | | | | | | | | | | |
| **Signed (fee earner):** | | |  | | | | | **Date:** |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Response from Risk Manager** | | | | | | |
| **Assessment of risk and actions required\*** *(e.g. evaluation of risk, steps to be taken to eliminate/ transfer/reduce risk etc.)* | | | | | | |
| **Insurer to be advised?** |  | **Yes** |  | **No** |  | |
| **Signed:** |  | | | | **Date:** |  |

\* *Continue overleaf if necessary*