

File Summary Sheet (Key Info / Opening & Closing Form)

Client Surname		First Name(s)	
File Reference No.		Relevant Previous names	
Date of Birth		NI. Number	
Home Tel No(s)		Sex (Male/Female)	
Mobile No(s)		Email	
Home Address	Post Code		

Other Tel No(s)	Other Email	
Contact Address	Post Code	

Is there any conflict of interest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
Conflict comments			

Initial Risk Assessment?	<input type="checkbox"/> High Risk	<input type="checkbox"/> Ordinary Risk
Risk Comments		

Continuing Risk?	<input type="checkbox"/> High Risk	<input type="checkbox"/> Ordinary Risk
Risk Comments		

ID checks?	<input type="checkbox"/> Conducted - Date ____/____/____	<input type="checkbox"/> Not Applicable (Comment)	<input type="checkbox"/> Not Conducted (Comment)
ID Comments			

Client's Special instructions? (If Applicable)			
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<u>Key Dates in the matter</u>			

Final File Closing Review (Please complete prior to archiving)

Objectives met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Comment:
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Closing Risk Assessment	<input type="checkbox"/> Ordinary Risk	<input type="checkbox"/> High Risk
Risk Comments		