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| --- | --- |
| **Client name:****Client address (at time of closure):****Email:****Client Telephone Numbers:****Opponents Name(s):** *(delete if this is not applicable)* | **Date file opened:** |
| **Date file closed:** |
| **File number:** |
| **Type of case, and a brief synopsis** |  |
| **ALL POINTS ON THIS SHEET MUST BE COVERED WHEN A CASE IS BEING CLOSED FOR STORAGE** | **YES** | **NO** |
|  |
| Have all original documents been returned to the client? *[This will not be applicable in all circumstances – where original documents are held refer to Forms 5b and 5bb for completion]* |  |  |
|  |
| Has the client been told the outcome of the case and any further action which the client or Law Clinic will have to take in the future? |  |  |
|  |
| If appropriate, has the client been advised when the case should be reviewed? |  |  |
|  |
| Has the client been informed that case papers will be archived and stored for X years and then destroyed? *[You must insert the correct number of years where the X is – this should have been advised in your client advice letter]* |  |  |
|  |
| Has the client been sent a letter confirming, or covering the above points? |  |  |
|  |
| Have you completed the Student Evaluation Form and passed to your supervisor? |  |  |
| **SIGN AND DATE, THEN PASS THE FORM TO YOUR SUPERVISOR TO BE SIGNED OFF AND FILED** |
| Student Law Firm (Names and Signatures) | Date | Supervisor Details and Signature |
|  |  |  |