

**FILE CLOSURE FORM
(PRIVATE CLIENT)**

File Reference

Client Name

Case Description

Please check and confirm the items below

Client account is clear and all/any sums due to your client have been forwarded/ Accounted for	<input type="checkbox"/>
Office account is clear. (If not and it is to be written off, please provide reason)	<input type="checkbox"/>
ALB is up to date with clients' current details (i.e., address, telephone number). If not, please update before archiving	<input type="checkbox"/>
Closing Risk Review has been completed and recorded on matter opening form	<input type="checkbox"/>
Any undertakings given have been discharged	<input type="checkbox"/>
Will matters - Joint Tenancy has been considered/severed in line with clients' instructions	<input type="checkbox"/>
Will matters - copy of the signed executed Will has been scanned onto ALB	<input type="checkbox"/>
Will matters - attendance note has been signed by the client and scanned onto ALB	<input type="checkbox"/>
Will matters - not executed, three attempts have been made including final letter warning of consequences	<input type="checkbox"/>
Original Will/LPA has been sent to client or sent to safe storage in line with clients' instructions	<input type="checkbox"/>
Probate matters - final interest calculation has been done/paid in line with the firms' interest policy	<input type="checkbox"/>
Client has been notified of the benefits of making an LPA/discount voucher (where applicable)	<input type="checkbox"/>
The file has been properly checked for unnecessary and extraneous paperwork by the fee earner before archiving? If not, please ensure that this is done.	<input type="checkbox"/>
Does an expert need to be added/removed from the approved list?	<input type="checkbox" value="Y/N"/>
May this file be destroyed after six years?	<input type="checkbox" value="Y/N"/>
If not state period (Years):	<input type="checkbox"/>

To be completed by Archivist:

Destruction Date:

Signed: _____
Date: _____