

Police Station File Review Checklist

Client's Name:	File Ref:
Reviewer:	Date:
Reviewee:	Face to Face: Yes/No

File Management

- | | | | | |
|---|--|-----|----|-----|
| 1 | Is the file well organised? (orderly & chronological) | Yes | No | |
| 2 | Is the file inactive? | Yes | No | |
| 3 | Has the bail to return (BTR) date been entered in the central diary? | Yes | No | N/A |
| 4 | Is the file free from complaints? | Yes | No | |
| 5 | If no, have they been reported to the Complaints Handling Partner? | Yes | No | N/A |

Please comment on any concerns identified:

Correspondence

- | | | | | |
|---|---|-----|----|-----|
| 1 | If the client is bailed to return, has the client been notified of this date? | Yes | No | N/A |
| 2 | Has the client been informed of his/her likely liability? | Yes | No | N/A |

Please comment on any concerns identified:

File Notes

1	Are all claims for attendances in person or using the telephone clearly evidenced and justified?	Yes	No	N/A
2	Are all routine telephone calls evidenced?	Yes	No	N/A
3	Where travel is claimed, is the length of time claimed justifiable?	Yes	No	N/A
4	Have waiting times claimed of more 2 hours been justified on the file?	Yes	No	N/A
5	Are receipts for disbursements evidenced on the file where the value is greater than £10?	Yes	No	N/A

Please comment on any concerns identified:

Legal Issues

1	Were correct instructions obtained?	Yes	No	
2	Was advice given appropriate?	Yes	No	N/A
3	Was action taken on the matter appropriate?	Yes	No	N/A
4	Was representation given appropriate?	Yes	No	N/A
5	Was preparation done on the matter appropriate?	Yes	No	N/A

Please comments on the overall conduct of this matter and state any concerns identified:

Is Corrective Action Required? (delete as Applicable)	YES/NO
If yes, date corrective action completed:	
If yes, date file handed back to reviewer for verification:	
If yes, date corrective action verified by reviewer:	
Signature of reviewer:	
Date:	