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# REP1B FORM

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**original form as previously submitted) is submitted with the representations.**

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This form works best when submitted electronically. Please complete and return to

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***Provider’s Name:***

***Account Number:***

***Category Reviewed:***

***Date of Review:***

Please write any representations that you wish to make under the corresponding heading to which the comments appear on the Peer Review report.

Are you satisfied that the Peer Review process as set out in the process document was adhered to? Yes / No (If no, please comment below.)

The document can be found at the link below.

<http://www.justice.gov.uk/legal-aid/quality-assurance/audits/peer-review>

## Major Areas of Concern

**Other Areas of Concern / Further Comments**

**Suggested areas for Corrective Action**

**Do you feel the Peer Review Report assisted your firm/organisation? Yes/ No**

**(Please provide details below).**