

CASE CLOSING FORM

Attorney: _____ Date: _____

Client name: _____

Date Opened/Referred: _____

Work Performed: _____

Hours Volunteered: _____

Outcome: _____

COURT CASE FILE NUMBER: _____

Check major reason case was closed:

- | | |
|--|--|
| <input type="checkbox"/> Advice only | <input type="checkbox"/> Settled prior to lawsuit |
| <input type="checkbox"/> Brief services (letters, phone calls) | <input type="checkbox"/> Insufficient merit to proceed |
| <input type="checkbox"/> Settled after suit filed | <input type="checkbox"/> Client withdrew |
| <input type="checkbox"/> Administrative hearing decision | <input type="checkbox"/> Court decision |
| <input type="checkbox"/> Other (specify) _____ | |

LegalCORPS requires the following information be enclosed. Funding is contingent on our compliance, so please indicate documents enclosed. If a required document is not enclosed, please write the expected date of delivery.

Client Authorization Agreement (Date Sent:) _____

Initial pleading (Date Sent:) _____

Final order or judgment and decree (Date Sent:) _____

Return this form to:

LegalCORPS
600 Nicollet Mall, Suite 390A
Minneapolis, MN 55402
Fax: (612) 752-6656

***If you assist this client again, please have the client contact us first for rescreening.**