**PRO BONO REPORTING FORM**

**Please Complete and Return this form to PSB@dadelegalaid.org**

**for Each Pro Bono Case That You & Others In The Firm Are Handling So That We May Track Your Pro Bono Hours – Thank You!**

**NAME OF PRO BONO ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRO BONO ATTORNEY BAR NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF CASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE CASE WAS OPENED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CASE STILL PENDING: \_\_\_ Yes \_\_\_ No TOTAL HOURS TO DATE ON CASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE CASE WAS CLOSED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL HOURS WORKED ON CASE: \_\_\_\_\_\_\_\_\_**

**CLOSING CODE (HOW WAS THE CASE CLOSED?) – Please check off below the closing code that applies to your case.**

**Limited Action: \_\_\_\_\_\_**

**Negotiated Settlement Without Litigation: \_\_\_\_\_\_**

**Negotiated Settlement With Litigation: \_\_\_\_\_\_**

**Administrative Agency Decision: \_\_\_\_\_\_**

**Court Decision: \_\_\_\_\_\_**

**Extensive Service: \_\_\_\_\_\_**

**Other: \_\_\_\_\_\_**

**Please returned completed form to** [**PSB@dadelegalaid.org**](mailto:PSB@dadelegalaid.org)

**or Fax: 305-372-7693 or Mail to: Attn. Vicky Dopico, Dade Legal Aid**

**123 N.W. First Avenue, Miami, Florida 33128**