

Put Something Back

Pro Bono Project of Dade Legal Aid

Final Case Disposition

Docket No. _____

Case Type: _____

Pro Bono Hours Completed _____

How Case Was Closed:

Brief Services

Counsel & Advice

Extensive Services w/Court Decision/Final Judgment

Extensive Services w/out Court Decision/Final Judgment (Out of Court Settlement/Negotiation)

Other: _____

Pro Bono Attorney Information:

Name: _____ Bar # _____

Mailing Address: _____

Contact Phone Number: _____ Email Address: _____

Client Information:

First Name: _____ Last Name: _____

Zip Code: _____ DOB ____/____/____ Gender: _____

Is Client a Veteran **Yes** or **No** Is Client Disabled **Yes** or **No** Race: _____

____ Number of minor children

____ Total number of family members residing in household

____ Client Annual Income or Total Household income

____ Employment ____ Public Assistance ____ Other _____ Source of Income _____

Please email this form to Jnapoles@dadelegalaid.org