

**Put Something Back**  
**DISPOSITION CHECKLIST**

Attorney:		Phone:	
Address:			

The client named below was referred to you for legal representation because of your participation in PSB. Please complete and return this form to our office upon acceptance of the referred case in order to receive pro bono credit and be covered by our malpractice insurance.

Client: \_\_\_\_\_ Date Case Referred: \_\_\_\_\_

1. Check one of the following options:

- Accepted case
- Rejected case. Sent client and PSB a letter of non-representation indicating reason for non-acceptance
- The case and my representation is ongoing.

2. The most recent activity and date undertaken was:

- Received information about the case from PSB on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Client never called for appointment as of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Phone conversation with client on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Scheduled initial appointment for client on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Client never showed up for appointment on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Initial meeting with client on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Subsequent meeting with client and/or witnesses on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Research and/or other case preparation on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Filed Notice of Appearance or other pleading on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Attended deposition or other intermediate hearing on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Negotiation with opposing side on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Awaiting final decision from judge as of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Successful result obtained \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Unsuccessful result obtained \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Notice of Appeal filed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Attended Mediation Y/N - Plaintiff's Counsel present Y/N - Result? \_\_\_\_\_
- Attachments Included: \_\_\_\_\_
- Additional Information: \_\_\_\_\_

**IF CASE CLOSED, provide date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and Reason: \_\_\_\_\_**

- Sent client letter of notice of closed case on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- I am available for a new Pro Bono Referral. Type of case: \_\_\_\_\_
- Other, please describe \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**HOURS** spent on case \_\_\_\_\_ as of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Recovered costs \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Kindly complete and return to: [jnapoles@dadelegalaid.org](mailto:jnapoles@dadelegalaid.org) or fax 305-372-7693

Visit us at <http://www.dadelegalaid.org>