

**PUT SOMETHING BACK**  
**PRO BONO CASE CHECKLIST**

**ATTORNEY INFORMATION:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The client named below was referred to you for legal representation because of your participation in PSB. Our office must update its files at least every quarter in order to give attorneys proper pro bono credit. Our malpractice carrier requires that we have proof of diligent activity on these cases. To avoid any negligence, please complete this disposition form and return to our office as soon as possible. Thank you in advance for your cooperation in this matter.

**DATE CASE REFERRED:** \_\_\_\_\_  
**CLIENT NAME:** \_\_\_\_\_ **CASE ID #:** \_\_\_\_\_

I have accepted the case.

Recent case activity and date undertaken:

- Phone conversation 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 \_\_/\_\_/\_\_
- Negotiated matter for client on \_\_/\_\_/\_\_
- Completed matter for client on \_\_/\_\_/\_\_
- Awaiting final decision from judge as of \_\_/\_\_/\_\_
- Successful result obtained \_\_/\_\_/\_\_
- Unsuccessful result obtained \_\_/\_\_/\_\_
- Notice of Appeal filed \_\_/\_\_/\_\_
- Sent client letter of notice of closed case on \_\_/\_\_/\_\_

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

Other, please describe \_\_\_\_\_ Date \_\_/\_\_/\_\_

**HOURS SPENT** on case \_\_\_\_\_ as of \_\_/\_\_/\_\_

Check here if you are now eligible to receive a new referral.

**ATTORNEY SIGNATURE:** \_\_\_\_\_ **DATE** \_\_/\_\_/\_\_

Kindly complete and return to:

123 N.W. First Ave., Miami, FL 33128 or fax 305-372-7693 or email to [jnapoles@dadelegalaid.org](mailto:jnapoles@dadelegalaid.org).

**THANK YOU AGAIN!!**