PRO BONO CASE REPORTING FORM

DATE:			
ATTORNEY NAME:			
TEAM NAME:			
*If attorney is not part of a team, write NONE			
CAUSE NUMBER:	COUNTY:		
TYPE OF CASE:			
*(e.g., Divorce, SAPCR, Enfor	rcement, Protective Order, Etc.)		
DATE INITIALLY REQUESTED	D PRO BONO CASE:		
DATE PRO BONO CASE TAKEN: DATE PRO BONO CASE COMPLETED:			
			NAME OF PRO BONO CASE describe how obtained):
ANSWER YES OR NO TO TH • Did you have to partic	E FOLLOWING (circle one): cipate in a contested hearing on this c	ease? YES / NO	
Did you have to attend	d mediation on this case? YES / NO		
•	d a bench trial in this case? YES / NO		
Did you have a jury tri	al in this case? YES / NO		
TOTAL NUMBER OF HOUSE	SPENT (BY YOU) ON THIS PRO BON	O CASE:	
NAMES & HOURS OF OTHER	R ATTORNEYS WHO WORKED ON TH	HIS CASE (if any):	
1. OTHER ATTY NAME:		HOURS:	
3 OTHER ATTY NAME:		HOURS:	