

Please provide Legal Aid of Western Michigan with a copy of the Final Order, Judgment, ALJ Award Letter, etc. in this case for our records. Also provide us with the number of HOURS you spent on this matter as well as your NORMAL HOURLY BILLING RATE, as we need to report the value of pro bono time donated by the private bar.

Case Closure Information

Client: _____ Case Type: _____

Attorney: _____ Pro Bono #: _____

Brief Description of the case outcome:

Number of Hours Spent on This File: _____ Normal Billing Rate: \$_____

Request for Reimbursement of Expenses

Filing Fees/Motion Fees/Judgment Fees: \$_____

Service of Process Costs: \$_____

Long Distance Phone Calls: \$_____

Mileage: _____ Miles (at \$_____/Mile) \$_____

Other (Please Specify): _____ \$_____

Other (Please Specify): _____ \$_____

Reimbursement Waived: _____ Total Amount Requested: \$_____

Date: _____ Signature: _____

This Space Reserved for Pro Bono Office Use Only

Open #: _____ LSC Case Type: _____

Date Referred: _____

Date Case Closed: _____ Closing Basis: _____

Reimbursement Amount: _____ Approved By: _____ Check Date / #: _____/____

Hours Reported: _____

Referral: _____ Close: _____ Total: _____

Dollar Value of Services: \$_____

At the Conclusion of This Case, Please Complete and Return This Form To:

**Pro Bono Program - Legal Aid of Western Michigan
25 Division Ave. South - Suite 300, Grand Rapids MI 49503**