

# Pro Bono Case Closure Information

Client: \_\_\_\_\_ Attorney: \_\_\_\_\_  
Brief Description of the Outcome: \_\_\_\_\_ Case Type: \_\_\_\_\_

Time Spent on This File:	Hours	Billing Rate	
By You:	_____	\$ _____	
Others:	_____	\$ _____	Name: _____
	_____	\$ _____	Name: _____

Please provide a copy of the Final Order, Judgment, ALJ Award Letter, etc. in this case for our records.

## Request for Reimbursement of Expenses (Optional)

Filing Fees: \$ \_\_\_\_\_  
Motion Fees: \$ \_\_\_\_\_  
Judgment Fees: \$ \_\_\_\_\_  
Inventory Fees: \$ \_\_\_\_\_  
Other Court Fees: \_\_\_\_\_ (type) \$ \_\_\_\_\_  
Service of Process Costs: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_ Miles (at \$ \_\_\_\_\_/Mile) \$ \_\_\_\_\_  
Other (Please Specify): \_\_\_\_\_ \$ \_\_\_\_\_  
Total Amount Requested: \$ \_\_\_\_\_

By signing, you are requesting that Legal Aid of Western Michigan reimburse you for the above expenses (no signature is otherwise required)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## This Space Reserved for Pro Bono Office Use Only

Case #: \_\_\_\_\_ Problem Code: \_\_\_\_\_ Date Referred: \_\_\_\_\_  
Date Closed: \_\_\_\_\_ Outcome: \_\_\_\_\_  
Reimbursement Requested: \$ \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Pro Bono Hours: \_\_\_\_\_ Client Savings: \$ \_\_\_\_\_

Return to:

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