

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 \$.67/Mile) \$ _____
Other (Please Specify): _____ \$ _____
Total Amount Requested: \$ _____

Name/address for check: _____

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:

Email: eencarnacion@lawestmi.org (preferred)
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Grand Rapids MI 49503