

Pro Bono Case Closure Information

Client: _____ Attorney: _____
Brief Description of the Outcome: _____ Case Type: _____

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

Date: _____ Signature: _____

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 \$.70/Mile)	\$ _____
Other (Please Specify): _____	\$ _____
Total Amount Requested: \$ _____	
Name/address for check: _____	

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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