

LAWYERS CLEARINGHOUSE

on Affordable Housing and Homelessness

Attorney Case Completion Report

Please complete this form after completing your work for _____.
This information will enable the Clearinghouse to effectively evaluate our referral service and provide the statistical data needed to secure funding in the future.

Date: _____ Attorney: _____

Case: _____

Date of Initial Consultation: _____ Approx. Case Closure Date: _____

TOTAL attorney hours spent on case: _____ Value of donated time: _____

TOTAL support staff hours spent on case: _____ Value of donated time: _____

1. Briefly describe how this matter was handled and concluded.

2. Please provide us with any suggestions you may have regarding the Clearinghouse's referral service.

3. Would you be willing to accept another referral from the Clearinghouse?

We appreciate your efforts on behalf of your client. Please return this form to the Clearinghouse.