

MASSACHUSETTS LEGAL CLINIC FOR THE HOMELESS

CASE CLOSURE FORM

Send completed form to:
MLCH c/o Lawyers Clearinghouse
16 Beacon Street
Boston, Massachusetts 02108

1 Client Name _____

2 Your Name _____ Firm _____

Phone # _____

3 Date case opened _____ Date case closed _____

4 Describe specific service(s) provided to Client. (Attach separate sheet if necessary.)

5 Reasons case closed. Please check appropriate categories.

a Counsel and Advice: One or two in-person or phone conversations. No research required.

b Brief Service (more than counsel and advice): Issue resolved after brief involvement and research.

c Referred after Legal Assessment: Case did not fall within the priorities of this program. Referred to a private attorney or other resource.

d Insufficient Merit to Proceed: Case lacked sufficient merit to proceed.

e Client Withdrew: Client withdrew, did not contact, or did not cooperate.

f Negotiated Settlement (without litigation): Would have probably otherwise resulted in an administrative hearing or court action.

g Negotiated Settlement (with litigation): Court or administrative action resolved by negotiation between parties or mediation with a third party.

h Administrative Agency Decision: Issue resolved by a decision of an administrative agency.

i Court Decision: Issue resolved by judge's decision.

j Other: _____

Additional Comments _____

6 **Estimated number of hours you (and others) spent on case:** _____

7 **At current billing rates, what is your estimate of total services donated?** _____

8 Are you willing to work with this Client again if she or he returns for assistance?
