LAWYERSCLEARINGHOUSE

Affordable Housing • Community Development
Nonprofit Legal Assistance • Homelessness Prevention

# 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.*

*16 Beacon Street, Boston MA 02108 phone: 617.778.1954 fax: 617.778.1955*
*www.lawyersclearinghouse.org*