

FINAL DISPOSITION

Complete this form only if the case has concluded.

Client's Name: _____ Attorney's Name: _____

Type of Service Provided: (Please check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Brief services (<i>other than listed</i>) | <input type="checkbox"/> Negotiated settlement (<i>with /without</i>) litigation | <input type="checkbox"/> Insufficient merit to proceed |
| <input type="checkbox"/> Court decision | <input type="checkbox"/> Client withdrew | <input type="checkbox"/> Client lost contact |
| <input type="checkbox"/> Change in financial eligibility | <input type="checkbox"/> Mediator Decision | |

How many clients are being closed with this case: _____

Client's outcome was: (*Please check only one*)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> OPPLA/Independent Living | <input type="checkbox"/> OPPLA/Long-term Licensed Care | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Placement with Relatives | <input type="checkbox"/> Reunification | <input type="checkbox"/> Runaway/Abscond |
| <input type="checkbox"/> Transferred to another Jurisdiction | <input type="checkbox"/> Withdrawal due to conflict | <input type="checkbox"/> Unsuccessful | |

Which of the below additional services were provided for the client: (*Please check all that apply*)

- | | | | |
|-----------------------|---|--|------------------------------|
| Mental Health: | <input type="checkbox"/> Lessened/Eliminated psychotropic drugs | <input type="checkbox"/> Obtained release from/prevented RTC placement | |
| Siblings : | <input type="checkbox"/> Obtained sibling visitation | <input type="checkbox"/> Obtained sibling placement together | |
| Services: | <input type="checkbox"/> DRC | <input type="checkbox"/> Mojave/Adult mental health | <input type="checkbox"/> SSI |
| Immigration: | <input type="checkbox"/> Special immigrant juvenile status | <input type="checkbox"/> U-Visa | |

Total Attorney Pro Bono Hours: Jan. – Sep. 2014: _____ Oct. – Dec. 2013: _____

Please list any additional attorney(s) and their respective hours contributed to this matter (if applicable) below:

Attorney Name: _____	Jan. – Sep. 2014: _____	Oct. – Dec. 2013: _____
Attorney Name: _____	Jan. – Sep. 2014: _____	Oct. – Dec. 2013: _____
Attorney Name: _____	Jan. – Sep. 2014: _____	Oct. – Dec. 2013: _____
Attorney Name: _____	Jan. – Sep. 2014: _____	Oct. – Dec. 2013: _____
Attorney Name: _____	Jan. – Sep. 2014: _____	Oct. – Dec. 2013: _____

Attorney's Fees Awarded: _____

✕ _____
Attorney Signature

✕ _____
Date

Be sure to retain a copy of this completed form, as you will need to report your pro bono hours to the State Bar in accordance with Rule 6.1.

Please return to:

*Melanie Kushnir, Esq., Pro Bono Project Director
Legal Aid Center of Southern Nevada
725 E. Charleston Blvd., Las Vegas, Nevada 89104
Fax (702)386-1796, e-mail, probono@lacsns.org*