

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 | |

Number of People Helped: _____

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

- ☐ Obtained Reparations ☐ Unsuccessful

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: _____

Dollar Value of Services/ Benefits Received Annually: _____
(i.e., a \$500 award in child support is a benefit of \$6,000 (\$500x12))

Dollar Value Avoided: _____
(i.e., a \$10,000 debt forgiven is a \$10,000 value avoided)

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