

**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*)

- ☐ Successful Resolution with IRS      ☐ 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@lacsnc.org](mailto:probono@lacsnc.org)*