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INITIAL DISPOSITION FORM FOR PRO BONO REFERRAL

TO: Attorney _____

Re: Client: _____

Case Type: _____

Thank you for agreeing to consider representation of the above client. Please complete the information below and promptly return this form in the enclosed envelope along with the Representation Authorization Form executed by the client. *We will periodically send/email you a Case Status Report form based on the information you provide below.*

If you have any questions about the case, or if you desire any back-up assistance from our office, please feel free to contact me.

Thank you, in advance, for your generous assistance!

_____ Case accepted and appearance and/or other form filed on: _____

_____ Anticipated case completion date: _____

_____ ***Estimated number of hours to complete case:** _____

_____ Client failed to contact my office

_____ Case Rejected. Reason:

_____ Conflict of interest

_____ Lack of expertise

_____ Caseload too high

_____ Other (please explain) _____

Date: _____ SIGNATURE: _____ Atty No. _____

EMAIL ADDRESS: _____