

NWI Volunteer Lawyers, Inc.
REPORT OF PRO BONO SERVICES DONATED

REPORT DATE: _____

NAME: _____

ATTY NO: _____

FIRM: _____

ADDRESS: _____

ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Please list below any Pro Bono civil legal services *for cases not referred from our program* which you have provided for low-income clients, or for not-for-profit organizations which provide services which primarily benefit low-income clients. You may include your GAL, mediation, and other court-appointed services.

For litigated matters please include cause number, caption, party represented, type of case, and outcome achieved for client.

For non-litigated matters please include name of client (if possible), nature of matter, and outcome for client.

Date file opened: _____

Date file closed: _____

Attorney : _____ Atty No: _____

Cause No: _____

Caption _____

Name of party represented: _____

City of Residence _____

Gross Household Income _____ #in household _____

Opposing Party(ies): _____

Opposing Attorney(ies): _____

Issues in Case: _____

Appointed to case by: _____

Dates of service: _____ ProBono Hours: _____

It ongoing, expected completion date: _____

If concluded, outcome for client: _____

Please include more details if the matter resulted in an especially compelling result for the client.

I hereby certify that I completed the above pro bono attorney hours by providing services as (*circle one*) counsel/mediator/guardian ad litem.

Attorney Signature: _____ Atty No: _____

Return to:

Judith H. Stanton, Esq. , Executive Director

NWI Volunteer Lawyers, Inc.

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