



Name of Attorney:	Phone:
Name of Appellant/Represented Party:	
Supreme Court File Number(s) in this case assignment:	
Court of Appeal Number(s) in this case assignment:	
County:	

District/Juvenile Court File Numbers:	
File No(s):	Type of Case:
File No(s):	Type of Case:
File No(s):	Type of Case:
File No(s):	Type of Case:
File No(s):	Type of Case:
File No(s):	Type of Case:

Assigned Date:	Date Closed:
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Reason closed:	<input type="checkbox"/> Summarily affirmed <input type="checkbox"/> Affirmed following oral argument <input type="checkbox"/> Reversed and remanded following oral argument <input type="checkbox"/> Affirmed without oral argument <input type="checkbox"/> Reversed and remanded without oral argument <input type="checkbox"/> Withdrawal of attorney/ethical conflict: case assigned to _____ <input type="checkbox"/> Withdrawal of attorney/failure of client to maintain contact <input type="checkbox"/> Withdrawal of attorney/client's actions <input type="checkbox"/> Withdrawal of attorney/other: _____ <input type="checkbox"/> Other: _____
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Case Hours:
Travel Hours:

Comments:
