



Name of Attorney:	Phone:
Name of Represented Party:	
Title of Case:	
County:	

Court File Numbers:		
File No(s):	Allegation(s):	Severity Level:
File No(s):	Allegation(s):	Severity Level:
File No(s):	Allegation(s):	Severity Level:
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File No(s):	Allegation(s):	Severity Level:
File No(s):	Allegation(s):	Severity Level:

Assigned Date:	Offense Date:	Date Closed:
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Reason closed:	<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: _____ <input type="checkbox"/> Entry of Appealable Order
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Case Hours:
Travel Hours:

Comments:
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