



Name of Attorney:	Phone:
Name of Represented Party:	
County:	
Allegation:	

Assigned 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"/> Consent agreement signed <input type="checkbox"/> Forwarded to State's Attorney to consider filing a formal petition <input type="checkbox"/> Other: _____
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Case Hours:
Travel Hours:

Comments:
