NDCLCI 2517 West Main St PO Box 149 Valley City, ND 58072 Phone: (701)845-8632 Fax: (701)845-8633

Name of Attorney:	Phone:
Name of Represented Party:	I none.
County:	
Title of Case:	
Court File Number:	
Allegation:	
Tinegution.	
Assigned Date:	Date Closed:
Reason closed:	
	☐ Withdrawal of attorney/ethical conflict: case assigned to:
[☐ Withdrawal of attorney/failure of client to maintain contact
	☐ Withdrawal of attorney/client's actions
Γ	☐ Withdrawal of attorney/other:
_	
	Other:
L	☐ Entry of appealable order
Case Hours:	
Travel Hours:	
Comments:	