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

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|----------|-------------|
| File No: | Allegation: |
| File No: | Allegation: |
| File No: | Allegation: |

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|----------------|--------------|
| 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
- Withdrawal of attorney/other: _____
- Other: _____
- Entry of appealable order

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| Case Hours: |
| Travel Hours: |

Comments: