



Name of Attorney:	Phone:
Name of Defendant/Applicant:	
County:	

File Numbers in this case assignment:		
File No(s):	Charge(s):	Severity Level:
File No(s):	Charge(s):	Severity Level:
File No(s):	Charge(s):	Severity Level:
File No(s):	Charge(s):	Severity Level:
File No(s):	Charge(s):	Severity Level:
File No(s):	Charge(s):	Severity Level:

Assigned Date:	Offense Date:	Date Closed:
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Reason closed:	<input type="checkbox"/> Order granting relief, in whole or part <input type="checkbox"/> Order denying relief <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:
