**CASE CLOSING SHEET AND CLOSING MEMO – SMRLS VAP**

|  |  |
| --- | --- |
| **Client Name:** | **File No.** |
| **Attorney Name:** | **Date Closed:** |
| **Hours of Attorney time on Case:** | **Hours of Paralegal time on Case:** |
| **Year you finished work on case:****20\_\_** |
| **Advice and Services Provided** *(Please provide a 1-2 sentence statement about the service and advice you gave the client. Including the advice you provided is required by our funders.)*  |
| **Reason for Closing** *(Please circle appropriate letter)*

|  |  |
| --- | --- |
| A | Advice Only |
| B | Limited Action |
| F | Neg. Settlement Without Litigation |
| G | Neg. Settlement With Litigation |
| H | Admin. Agency Decision |
| Ia | Uncontested Court Decision |
| Ib | Contested Court Decision |
| Ic | Appeal to Ct. App. Or Sup. Ct. |
| L | Other Extensive Service |

 | **Outcome** *(Please circle appropriate number)*

|  |  |
| --- | --- |
| 01 | Hearing Won |
| 02 | Hearing Lost |
| 03 | Settled Favorably |
| 04 | Settled Unfavorably |
| 05  | Other Favorable |
| 06 | Other Unfavorable |
| 07 | No Effect |
| 08 | Dismissed |

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| http://thumbs.gograph.com/gg66449308.jpg | **Advice Only and Limited Action Cases Stop Here – All others complete Page 2** |
| The Legal Services Advisory Committee of the Minnesota Supreme Court requires that we gather the following information. Please check the most appropriate box for each statement below.  A blank line will be tallied as a “No” response.  There can be more than one “Yes” response per case. **AS A RESULT OF MY LEGAL SERVICES IN THIS CASE, MY CLIENT…**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  **No** |  **Yes** | **Not Applicable** |  |
| Has increased ability to pay for daily necessities | ❒ |  |  |   |
| Is less likely to be harassed by creditors |  |  |  |   |
| Is in a better position to keep or find a job |  |  |  |  |
| Is in a better position to keep or find housing |  |  |  |  |
| Has improved housing conditions |  |  |  |  |
| Has increased safety |  |  |  |  |
| Has improved quality of life |  |  |  |  |

  **Did your legal services protect money/benefits for the client?**  No  Yes[IF YES, PLEASE PROVIDE AMOUNT AND TYPE BELOW]**Amount**Lump sum/back payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ongoing monthly benefits $\_\_\_\_\_\_\_\_\_\_ x 12=\_\_\_\_\_\_\_\_\_\_\_**Type**Federal Money/Benefit   State Money/Benefit   Child Support   Other Money/Benefit **Did your legal services recover money/benefits for the client?**  No Yes[IF YES, PLEASE PROVIDE AMOUNT AND TYPE BELOW]**Amount**Lump sum/back payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ongoing monthly benefits $\_\_\_\_\_\_\_\_\_\_ x 12=\_\_\_\_\_\_\_\_\_\_\_**Type** Federal Money/Benefit   State Money/Benefit  Child Support  Other Money/Benefit  |