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

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| --- | --- | --- | --- |
| **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 | | |
| 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 | | | | |