

LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION, INC.

100 East Robinson St., Orlando, FL 32801

FAX: 407-648-9240

ATTORNEY CLOSING MEMORANDUM

Please complete and return to the Legal Aid Society when case has been closed.

PLEASE ATTACH A COPY OF THE FINAL ORDER, IF APPLICABLE.

CLIENT'S NAME: APP.#
Please provide client's current address:
ATTORNEY'S NAME: DATE REFERRED:
TYPE OF CASE: DATE CLOSED:
COURT CASE NO.:

FINAL DISPOSITION

- A. COUNSEL AND ADVISE
B. BRIEF SERVICE OTHER THAN COUNSEL
C. REFERRED AFTER LEGAL ASSESSMENT
D. INSUFFICIENT MERIT TO PROCEED
E. CLIENT WITHDREW OR DID NOT RETURN
F. NEGOTIATED SETTLEMENT WITHOUT LITIGATION
G. NEGOTIATED SETTLEMENT WITH LITIGATION
H. ADMINISTRATIVE AGENCY DECISION
I. COURT DECISION (e.g. Final Judgment of Dissolution of Marriage)
J. CHANGE IN ELIGIBILITY STATUS
K. OTHER:

NUMBER OF HOURS ATTORNEY SPENT ON CASE:

BENEFIT TO CLIENT:
1. CUSTODY AWARD TO CLIENT
2. GUARDIANSHIP ESTABLISHED
3. DEBTS DISCHARGED
4. EVICTION DISMISSED/DENIED
5. OTHER:

FINANCIAL BENEFIT TO CLIENT:
CHILD SUPPORT - \$ ALIMONY - \$
SSI/SSD: MONTHLY \$ LUMP SUM \$ UNEMPLOYMENT COMPENSATION - \$
OTHER FINANCIAL BENEFIT

COSTS INCURRED? Yes No Paid by: Firm Client Legal Aid
WERE FEES AWARDED TO YOU? Yes No DID YOU COLLECT FEES? Yes No
WERE FEES SENT TO THE LEGAL AID SOCIETY? Yes No
(Pro bono credit will not be received if you elect to retain collected fees.)

COMMENTS:

ATTORNEY SIGNATURE: DATE:

FOR LEGAL AID OFFICE USE ONLY
FINAL ORDER ATTACHED SPECIAL CERTIFICATE ISSUED
THANK YOU LETTER SENT TO ATTORNEY FORWARDED TO COORDINATOR FOR APPROVAL
CLIENT CLOSING QUESTIONNAIRE SENT
REFERRAL SECRETARY: DATE:
APPROVED BY: DATE:
(COORDINATOR)