

***For All Broward Lawyers Care Attorneys
Please Complete and Return This Case Acceptance Form***

Attorney: _____

Clients Name: _____

Type Of Case: _____

- I have accepted the Case: _____ Date: _____***
- I have rejected the case I sent a letter of non-representation Broward Lawyers care was copied and all original documents was returned to BLC.***
- I cannot accept the case now but will accept a case in the future.***
- I have enclosed a \$350.00 tax deductible contribution in lieu of handling this case.***

If you have accepted this case, Please check and indicate the following. Date

- Phone conversation with client*** _____
- Initial meeting with client*** _____
- Case Preparation*** _____
- File Notice of Appearance*** _____
- Negotiations with opposing party*** _____
- Other (please describe)*** _____

I have read the BLC guidelines including fees, costs & expenses and understand that any cost over \$150.00 will require supervisor approval. Also, please call if you need a court reporter.

Please Print

Attorneys Name: _____

Address: _____ **Zip:** _____

Office: _____ **Cell:** _____

Fax: _____

Email: _____

Signature: _____ **Date:** _____