

INTERIM DISPOSITION CHECKLIST

Please respond by:

IF THIS FILE IS CLOSED, PLEASE DISREGARD THIS FORM AND SEND US A COMPLETED CLOSING QUESTIONNAIRE.

Our malpractice carrier requires that we have proof of diligent activity on all BLC cases.

Please contact us in one of the following manners:

- 1) Complete & mail this form; or**
- 2) Email us at kzaffere@legalaaid.org**
- 4) Fax us at (954) 736-2480**

BLC Client (s):

Type of case(s):

PLEASE CHECK OFF THE FOLLOWING ACTIVITIES THAT HAVE OCCURRED DURING THE LAST 3 MONTHS.

DATE OF SERVICE

- _____ Phone conversation(s) or conference(s) with client
- _____ Case preparation
- _____ Negotiations with opposing side
- _____ Pleadings filed
- _____ Attend depositions or hearings
- _____ Mediation - If upcoming, please provide date _____
- _____ Trial - If upcoming, please provide date _____
- _____ Additional activity or comments (describe)

ATTORNEY HOURS _____

Attorneys Signature _____ Today's Date _____

Please send us your email: _____

THANK YOU