



THE IDAHO LAW FOUNDATION
THE IDAHO VOLUNTEER LAWYERS PROGRAM

Final Disposition

Please return this form when you close your IVLP case; your input is important for our records and Program benefits such as malpractice insurance coverage and tracking volunteer hours.

Attorney: _____

Client: _____

IVLP Case No: _____

Case Type: _____

Date of Closure: _____

Were the client's objective(s) achieved? Yes _____ No _____ Partially _____

Was the client adequately screened by IVLP? Yes _____ No _____

Comments:

Check the *highest level of service rendered*:

- Counsel and Advice
- Limited Action (Brief Services) (please specify) _____
- Negotiated settlement with litigation
- Negotiated settlement without litigation
- Court decision
- Agency administration decision
- Extensive Service (not resulting in settlement or Court Administrative Action.)
- No client contact with no legal service delivered (describe under comments)
- Other (please specify) _____

Approximately how many hours did you spend on this case? _____

We would appreciate your comments about your experience with IVLP and any suggestions you might have to improve our service delivery to volunteer attorneys. Please write your comments on the back.