



THE IDAHO LAW FOUNDATION
THE IDAHO VOLUNTEER LAWYERS PROGRAM

Final Disposition

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

Attorney: _____

Client: _____ for (_____) CP#: _____
(Last Name) (children's Names) (Court Number)

IVLP Case Number: _____

Case Type: _____ Representation of CASA Volunteer _____

Date of Closure: _____

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

Check the **highest level of service rendered** (check one):

- 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.