



JUDICARE FAMILY LAW
CLOSED CASE SUMMARY

DATE: _____

Attorney: _____

RE Case Of: _____ DATE of Closure: _____

Thank you very much for handling this matter. We would appreciate your completing this summary and returning it to Mid-Shore Pro Bono at your earliest convenience. We want to make sure we recognize your contributions to our program.

Is this case closed? Yes

1. Highest level of service provided – CHECK ONE:

- | | |
|--|--|
| <input type="checkbox"/> Brief Advice, Information, Referral | <input type="checkbox"/> Administrative remedies |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Judicial litigation |
| <input type="checkbox"/> Negotiation | <input type="checkbox"/> Other appropriate remedies (please explain) |
-

2. Benefits from Direct Legal Representation of Individuals - Family Law Matters
Please check the appropriate boxes to Track Client Outcomes (check all that apply):

a. Obtained or maintained custody	
b. Obtained or preserved right to visitation	
c. Obtained a divorce or annulment	
d. Obtained assistance in negotiating separation agreement	
e. Obtained guardianship or adoption for dependent child	
f. Avoided protective order/removal of children	
g. Avoided termination parental rights	
h. Avoided or reversed administrative finding of child abuse/neglect	
i. Established paternity for child	
j. Obtained protection from domestic violence	
k. Obtained, preserved or increased child support	
l. Obtained downward modification of child support	
m. Obtained, preserved or increased spousal support	
n. Obtained downward modification of spousal support	
o. Improved terms of foster care plan	
p. Obtained brief advice, information and referral on a Family matter	
q. Obtained counseling services on a Family matter	

3. Major Benefit produced for client. Please summarize, in a sentence or two, what was achieved – for example “client obtained a divorce” or “prevented eviction of client from home.”

Benefit: _____

4. Number of people affected (typically # in household): _____

5. Number of hours you contributed to this case: _____

6. Number of Pro Bono hours contributed (above the 20 hours): _____

THANK YOU!!

Please return to Mid-Shore Pro Bono by fax, email or mail:
216 E. Dover Street, Suite 301
Easton, MD 21601

FAX: 443.385.0210 Email: sabrown@midshoreprobono.org