

## CLOSING QUESTIONNAIRE

ATTORNEY NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

TYPE OF CASE: \_\_\_\_\_

Thank you for notifying us that the above-referenced case is ready to be closed. Please complete the following information, sign your name and return this form at your earliest convenience to [cwinter@legalaid.org](mailto:cwinter@legalaid.org) or by fax at (954) 736-2480. Should you have any questions or need additional assistance please contact me directly at (954) 736-2427.

### **FINAL DISPOSITION** (Check One Please)

\*\* If a Final Order or Final Judgment was entered, please attach a copy \*\*

- A. Counsel & Advise (*PLEASE SEE SECOND PAGE BELOW*)
- B. Limited Action (*PLEASE SEE SECOND PAGE BELOW*)
- C. Negotiated Settlement without Litigation
- D. Negotiated Settlement with Litigation
- E. Administrative Agency Decision
  - a. Favorable    b. Unfavorable (circle one)
- F. Court Decisions
  - a. Uncontested    b. Contested (circle one)
- G. Client Withdrew before Legal Assistance was provided
- H. Extensive Service (Not resulting in Settlement or Court or Administrative Action)
- I. Other- Please State \_\_\_\_\_

**TOTAL HOURS SPENT ON CASE:** \_\_\_\_\_

### **FINANCIAL BENEFIT TO CLIENT:**

Child Support \$ \_\_\_\_\_    Alimony \$ \_\_\_\_\_    Insurance \$ \_\_\_\_\_  
Lump Sum    \$ \_\_\_\_\_    SSI/SSD \$ \_\_\_\_\_    Other \$ \_\_\_\_\_

Did you collect attorney's fees and/or costs? (Circle One) Yes / No Total \$ \_\_\_\_\_

Amount of Costs to be Reimbursed to BLC \$ \_\_\_\_\_

Were you satisfied with the service and information provided by BLC Staff?

Please circle your level of satisfaction:    **Unsatisfactory   1 – 2 – 3 – 4 – 5   Excellent**

Do you have suggestions for improving BLC, any additional services we should provide, or comments?

Signed by: \_\_\_\_\_    Date: \_\_\_\_\_

