

Broward Lawyers Care Interim Disposition Request

ATTORNEY NAME: _____

CLIENT NAME: _____

TYPE OF CASE: _____

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 & return this form via fax to 954-736-2480; or**
- 2) **scan this report and email it to cwinter@legalaaid.org.**

PLEASE INDICATE WHICH OF THE FOLLOWING ACTIVITIES HAS OCCURRED DURING THE LAST THREE 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 _____

Attorney's Signature _____ Date _____