

Trial Practice Clinic
Case Closing Form

Client Name: _____ Supervisor: _____

Student(s): _____

Alternate Contact (if any): _____

Current Address & Ph #: _____

Case Type: _____

Date Opened: _____

Date Closed: _____

Since client files will eventually be destroyed it is critical that all original and important documents be returned to client in person or by certified mail.

This task was completed on what date: _____

Client's file should be destroyed in what year? _____
(Refer to Hamline's File Destruction Policy Please)

Client was informed that file will be destroyed in closing letter? _____ Yes _____ No

Client Closing Letter Sent on What Date: _____

Client Satisfaction Letter Sent on What Date: _____

Conflicts Information: Are there any opposing parties that were not listed on the screening sheet when the case was opened? _____

OUTCOME: _____

Signature of Supervising Attorney - I have reviewed this file. It is ready for closure.

Date

Signature