

Supervisor's OK

(Initials)
Client File # _____

HAMLIN UNIVERSITY SCHOOL OF LAW CLINICS INCOMING ASSIGNMENTS

(To be completed by Certified Student Attorney)

Date/Time Submitted for Typing: _____
Supervisor's Name: _____
Student's Name: _____

Requested Completion: (check one or more)

URGENT _____
END OF DAY _____
TOMORROW AM _____ PM _____
END OF WEEK _____

Additional Comments:

In Addition to the File Copy, I Need the Following:

Number of Courtesy Copies: _____
(appropriate addresses are attached)

Enclosures: _____

- * are attached (copy before mailing) _____
- * are attached (no copies needed) _____
- * will be added and copied by student _____
- * self-addressed-stamped-envelope _____

Mailing Instructions:

_____ Standard Envelope
_____ Large Envelope (indicate size)
_____ Certified Return Receipt
_____ Fax / Fax Number _____
_____ Return all copies & envelopes
to Supervising Attorney

Work Completed & Delivered:

Date & Time: _____
By: _____