

**NWI Volunteer Lawyers, Inc.**  
**REPORT OF PRO BONO SERVICES DONATED**

REPORT DATE: \_\_\_\_\_

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

ATTY NO: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please list below any Pro Bono civil legal services *for cases not referred from our program* which you have provided for low-income clients, or for not-for-profit organizations which provide services which primarily benefit low-income clients. You may include your GAL, mediation, and other court-appointed services.

For litigated matters please include cause number, caption, party represented, type of case, and outcome achieved for client.

For non-litigated matters please include name of client (if possible), nature of matter, and outcome for client.

Date file opened: \_\_\_\_\_

Date file closed: \_\_\_\_\_

Attorney : \_\_\_\_\_ Atty No: \_\_\_\_\_

Cause No: \_\_\_\_\_

Caption \_\_\_\_\_

**Name of party represented:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Gross Household Income** \_\_\_\_\_ **#in household** \_\_\_\_\_

Opposing Party(ies): \_\_\_\_\_

Opposing Attorney(ies): \_\_\_\_\_

Issues in Case: \_\_\_\_\_

Appointed to case by: \_\_\_\_\_

Dates of service: \_\_\_\_\_ ProBono Hours 201\_\_ : \_\_\_\_\_

If ongoing, expected completion date: \_\_\_\_\_

If concluded, outcome for client: \_\_\_\_\_

*Please include more details if the matter resulted in an especially compelling result for the client.*

I hereby certify that I completed the above pro bono attorney hours by providing services as (*circle one*) counsel/mediator/guardian ad litem.

Attorney Signature: \_\_\_\_\_ Atty No: \_\_\_\_\_

**Return to:**

Stephanie Wicke, Director  
NWI Volunteer Lawyers, Inc.

651 E. Third St., Hobart, IN 46342

**Attys only:** 219/942-3404

fax: 219/945-0995 email: [probono@hobartlaw.net](mailto:probono@hobartlaw.net)

**Applicants:** 219-945-1799

[www.nwivolunteerlawyers.org](http://www.nwivolunteerlawyers.org)