

**WISCONSIN JUDICARE  
PRO BONO CASE CLOSING REPORT**

CLIENT'S NAME: \_\_\_\_\_  
CASE TYPE: \_\_\_\_\_

ADVICE GIVEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE RESULT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TIME SPENT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Name Date

Please return via mail, fax, or email to:

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