Parent Counsel: _____ Month: _____ Year: _____

Hearing Date(s)	Type(s) of Hearing(s)	Meeting Date(s)	Meeting Type(s)	# Pers. Visits	Visit Location(s)	Other Contact With Client	Contact With Others:	Case Monitor/ Items Reviewed	Case/ Trial Prep	Case Closure Disp.	Appeal Notice to PD?	Total Hours
	❑PC❑A/D ❑R ❑NR ❑PP ❑TPR ❑C ❑ IND Other:		❑Staffing ❑Mediation ❑Other:		❑Office ❑DHS ❑Shelter ❑Rehab ❑Jail ❑Facility ❑Other:	❑Mail ❑Phone ❑Text ❑Email ❑Other:	❑OCC ❑AAL ❑PC ❑DHS ❑CASA ❑Therapist ❑Doctor ❑Other:	❑ Case Plan ❑ Court Orders ❑ Court Report ❑ CASA Report ❑ Other Reports ❑ Medical Records ❑ Research ❑ Emails ❑ Letters/Documents ❑ Photos ❑ Other:	❑Petition Reviewed ❑Records Reviewed ❑ Interviews ❑ Case File Reviewed ❑ Case Plan Reviewed ❑ Court Orders Reviewed ❑ Prepared Exhibits ❑ Prepared Witnesses ❑ Filed Motions❑Answered Motions ❑ Discovery ❑ Interrogatories ❑ Subpoenas ❑ Prepared Agreed Order ❑Other	If Closed: ❑Reun. ❑TPR ❑Guardsp. ❑Age Out ❑APPLA ❑Other:	❑ Yes Order Appealed ❑A/D❑ R ❑PP❑TPR ❑ RTC ❑ Other:	In Court: _____ Out of Court: _____

Client Name(s): _____ Case #_____ If Conflict Case, Jud. Dist.: ____ County/Div:_____

Hearing Date(s)	Type(s) of Hearing(s)	Meeting Date(s)	Meeting Type(s)	# Pers. Visits	Visit Location(s)	Other Contact With Client	Contact With Others:	Case Monitor/ Items Reviewed	Case/ Trial Prep	Case Closure Disp.	Appeal Notice to PD?	Total Hours
	❑PC❑A/D ❑R ❑NR ❑PP ❑TPR ❑C ❑ IND Other:		❑Staffing ❑Mediation ❑Other:		❑Office ❑DHS ❑Shelter ❑Rehab ❑Jail ❑Facility ❑Other:	❑Mail ❑Phone ❑Text ❑Email ❑Other:	❑OCC ❑AAL ❑PC ❑DHS ❑CASA ❑Therapist ❑Doctor ❑Other:	❑ Case Plan ❑ Court Orders ❑ Court Report ❑ CASA Report ❑ Other Reports ❑ Medical Records ❑ Research ❑ Emails ❑ Letters/Documents ❑ Photos ❑ Other:	❑Petition Reviewed ❑Records Reviewed ❑ Interviews ❑ Case File Reviewed ❑ Case Plan Reviewed ❑ Court Orders Reviewed ❑ Prepared Exhibits ❑ Prepared Witnesses ❑ Filed Motions❑Answered Motions ❑ Discovery ❑ Interrogatories ❑ Subpoenas ❑ Prepared Agreed Order ❑Other	If Closed: ❑Reun. ❑TPR ❑Guardsp. ❑Age Out ❑APPLA ❑Other:	❑ Yes Order Appealed ❑A/D❑ R ❑PP❑TPR ❑ RTC ❑ Other:	In Court: _____ Out of Court: _____

Client Name(s): _____ Case #_____ If Conflict Case, Jud. Dist.: ____ County/Div:_____

Hearing Date(s)	Type(s) of Hearing(s)	Meeting Date(s)	Meeting Type(s)	# Pers. Visits	Visit Location(s)	Other Contact With Client	Contact With Others:	Case Monitor/ Items Reviewed	Case/ Trial Prep	Case Closure Disp.	Appeal Notice to PD?	Total Hours
	❑PC❑A/D ❑R ❑NR ❑PP ❑TPR ❑C ❑ IND Other:		❑Staffing ❑Mediation ❑Other:		❑Office ❑DHS ❑Shelter ❑Rehab ❑Jail ❑Facility ❑Other:	❑Mail ❑Phone ❑Text ❑Email ❑Other:	❑OCC ❑AAL ❑PC ❑DHS ❑CASA ❑Therapist ❑Doctor ❑Other:	❑ Case Plan ❑ Court Orders ❑ Court Report ❑ CASA Report ❑ Other Reports ❑ Medical Records ❑ Research ❑ Emails ❑ Letters/Documents ❑ Photos ❑ Other:	❑Petition Reviewed ❑Records Reviewed ❑ Interviews ❑ Case File Reviewed ❑ Case Plan Reviewed ❑ Court Orders Reviewed ❑ Prepared Exhibits ❑ Prepared Witnesses ❑ Filed Motions❑Answered Motions ❑ Discovery ❑ Interrogatories ❑ Subpoenas ❑ Prepared Agreed Order ❑Other	If Closed: ❑Reun. ❑TPR ❑Guardsp. ❑Age Out ❑APPLA ❑Other:	❑ Yes Order Appealed ❑A/D❑ R ❑PP❑TPR ❑ RTC ❑ Other:	In Court: _____ Out of Court: _____

Client Name(s): _____ Case #_____ If Conflict Case, Jud. Dist.: ____ County/Div:_____