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:		❑Staff. ❑Med. ❑Other		❑Ofc ❑DHS ❑Shelter ❑Rehab ❑Jail ❑Facil. ❑Other:	❑Mail ❑Phn ❑Text ❑Email ❑Other	❑OCC ❑AAL ❑PC ❑DHS ❑CASA ❑Thrpist ❑Doctor ❑Other:	❑ Case Plan ❑ Court Orders ❑ Court Report ❑ CASA Report ❑ Other Reports ❑ Medical Rcds ❑ Research ❑ Emails ❑ Letters ❑Documents ❑ Photos ❑ Other:	❑Petition Rev.❑Records Rev. ❑ Interviews ❑ Case File Rev. ❑ Case Plan Rev. ❑ Court Orders Rev. ❑ Prep. Exhibits ❑ Discovery ❑ Prep. Witnesses ❑ Filed Motions ❑Answered Motions ❑ Interrogatories❑ Subpoenas ❑ Prep Agreed Order ❑Other	If Closed: ❑Reun. ❑TPR ❑Gdshp ❑Age Out ❑APPLA ❑Other:	❑ Yes Order Appld: ❑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:		❑Staff. ❑Med. ❑Other		❑Ofc ❑DHS ❑Shelter ❑Rehab ❑Jail ❑Facil. ❑Other:	❑Mail ❑Phn ❑Text ❑Email ❑Other	❑OCC ❑AAL ❑PC ❑DHS ❑CASA ❑Thrpist ❑Doctor ❑Other:	❑ Case Plan ❑ Court Orders ❑ Court Report ❑ CASA Report ❑ Other Reports ❑ Medical Rcds ❑ Research ❑ Emails ❑ Letters ❑Documents ❑ Photos ❑ Other:	❑Petition Rev.❑Records Rev. ❑ Interviews ❑ Case File Rev. ❑ Case Plan Rev. ❑ Court Orders Rev. ❑ Prep. Exhibits ❑ Discovery ❑ Prep. Witnesses ❑ Filed Motions ❑Answered Motions ❑ Interrogatories❑ Subpoenas ❑ Prep Agreed Order ❑Other	If Closed: ❑Reun. ❑TPR ❑Gdshp ❑Age Out ❑APPLA ❑Other:	❑ Yes Order Appld: ❑A/D ❑ R ❑PP ❑TPR ❑ RTC ❑ Other:	In Court ____ Out of Court ____

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