

**ROCKY MOUNTAIN SURVIVORS CENTER
VOLUNTEER ATTORNEY
CASE COMPLETION FORM**

(Please return this form to the Legal Department when you have completed your case)

Name of Attorney: _____

Firm: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Fax: _____

Email: _____

Name of Client: _____

Country of Origin: _____

Type of Case: _____

(Affirmative Asylum; Removal Hearing before IJ; Appeal; Other (please specify))

Result: _____

Total Number of Hours Spent on Case: _____

Signature

Date