

REASSIGNMENT SUMMARY

Client's Name: _____ CaseNo:

Referring Intern:

Intern Assigned:

Supervising Attorney:

Date of Intake:

Summary of Case:

1. History of Case: (facts and legal services performed)

2. Work to be Completed: (include target dates; refer to Case Plan where appropriate)

3. Problems Related to Case: (i.e., court delays, client contact, opposing counsel)

Last contact with Client:

Date Client notified of reassignment:

Intern's time spent on case:

Supervising Attorney's time on case:

Referring Intern Date

Supervising Attorney Date

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