NOTE: THIS FORM MUST BE COMPLETE

also see CMT Program

SUMMARY ADVICE INFORMATION

[1st/2nd/3rd/4th QUARTER (circle one)

NAME: **DATE :**

ADDRESS:

PHONE NUMBER: **FAX NUMBER:**

SERVICES: (circle one) Referral/Advice/Brief Service

REFERRED TO: (circle one)
NR (no referral)
clinic; Crt (court/sheriff)
Fed (MP or Federal Gov't Ministry)
Institution
Mun (Municipal Government or Agency)
OLAP
Nongov. Agency
Other
P.B. (Private Bar)
Prov. (MPP or Prov. Gov't)
WCB

REFERRED FROM: (circle one)
other clinic
Crt (court/sheriff)
Fed (MP or Federal Gov't Ministry)
Institution
Mun (Municipal Government or Agency)
OLAP
Nongov. Agency
Other
P.B. (Private Bar)
Prov. (MPP or Prov. Gov't)
WCB
Unknown
Outreach
Word of Mouth (Heard)

CASETYPE: (circle one) 17.0001 (environmental) or see casetype list on back of this page

AREA: (circle one) Toronto/Outside Toronto/Out of Province/University/Other

STAFF: (initials)

TIME SPENT: (minutes)

TYPE: (circle one) Telephone/Walk-in/Appointment

OPPOSING:

ELIGIBLE FOR SERVICES: Yes/No (if applicable) **PLEI material provided** (Y/N) **STATUS:**

NOTES:

OPEN CLIENT FORM - 17.0002

File Number: Open Date:

Client Name:

Address:

City:

Postal Code: Province:

Telephone: Fax:

Lawyer: CLW: Student:

Area:

Referred from:

Casetype: 17.0002

Group: (y/n) Family Size: # Adults: Gender:

Housing: (circle one) Rent/Own/Reserve/Shelter/Other

Income Code: (circle one) CPP; Employment; Employment Insurance; Family Benefits or Voc. Rehab.; Income from Assets; No Income; old age/retirement pension: private/public; other; support payments; welfare; WCB

Yrly Income:

Opposing Party Lawyer: Court #

SUMMARY OF ISSUE/COMMENTS:

Please note the above headings must be filled in. They are **not optional.**

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OPEN FILE - LAW REFORM

File No.

Opening Date:

Closing Date: Time Spent:

File Name:

Lawyer: CLW: Student:

Casetype: 17.000

Number of Written briefs:

Number of Oral Presentations: (keep updated)

Purpose:

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COMMUNITY DEVELOPMENT - STATISTICAL DATA

File Number:

Activity: CD

Opening Date:

Closing Date:

Time Spent:

Lawyer:

CLW:

Student:

Casetype: 17.000

File Name:

Purpose:

Outcome:

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GROUPS - Community Outreach

File Number: GR

Opening Date: Closing Date: Time Spent:

Group Name:

Lawyer: CLW: Student:

Purpose:

Number of Meetings Attended: (Cumulative YTD)

Number of Clinic Staff Usually Attending:

Comments:

****

STAFF TRAINING

File Number: ST

Training sessions/Materials: (S/M) Date:

Number of Staff Attending:

Topic Type of Material:

Publication Description:

PUBLIC LEGAL EDUCATION ACTIVITY

File No.

Opened:

Closed: Time Spent:

File Name: Casetype: 17.000

Lawyer: CLW: Student

Total Number of Presentations: (cumulative YTD)

Total Number Attending Presentation: (cumulative YTD)

Total Number of Publications: (cumulative YTD)

Total Number of copies of Publications: (cumulative YTD)

Purpose:

IMPORTANT: a data sheet must be completed, and copy of publication (print, video, audio) provided with quarterly statistics report.

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