

# CASE INFORMATION FORM

## PART A - PLAN PARTICIPANT DATA

Case No. \_\_\_/\_\_\_/\_\_\_

Intake ID      Secretary ID      Date Opened / /      LP Code -

ELIGIBLE EMPLOYEE OR RETIREE

Status:

Name:      Home Phone:  
 Address:      Union Local:  
                  Seniority Date:  
                  Employee Number:

Company:

SPOUSE/DEPENDENT SECTION

Name:      Status:  
 Address:      Home Phone

SPECIAL INSTRUCTIONS

## PART B - LAWYER ACTIVITY REPORT

CO-OPERATING LAWYER INFORMATION

Name:      Lawyer ID:  
 Firm:      Phone Number:  
 Address:

CLIENT CONTACT/SERVICES PROVIDED  
 (Check one only.)

- 1. No Service Provided
- 2. Notarization only, no advice
- 3. Advice only provided 
  - a. Telephone Only
  - b. In Person
- 4. More Than Advice 
  - a. Office Work Only
  - b. Lawyer on Record 
    - at Court or Tribunal

5. Briefly State Nature of the Legal Problem & the Outcome

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## PART C - SUMMARY BILLING REPORT

CHARGE TO PLAN FOR COVERED SERVICES  
 (Attach detailed account)

No. of Hrs.	Hourly Rate/Block Fee	Amount
		\$
	GST	
	Total	\$

CHARGE TO CLIENT FOR NON-COVERED SERVICES  
 (Enclose summary of all billing to client)

No. of Hrs.	Hourly Rate	Amount
		\$

FOR CAW-LSP OFFICE USE ONLY

Transfer Date \_\_\_\_\_ Client Total \_\_\_\_\_

Approved Plan Total \_\_\_\_\_ CSQ Sent \_\_\_\_\_

R.R. \_\_\_\_\_  Declaration Sent

Date of Lawyer's Invoice \_\_\_\_\_ CIF Sent to:  Lawyer

COMMENTS:  Client

CERTIFICATION

I certify that the information provided above is accurate and complete and that the services were actually rendered, and that no other billing has been or will be presented to the client for the services indicated on this form.

Signature of lawyer \_\_\_\_\_

DATE \_\_\_\_\_