

**COORDIANATORS -PLEASE COMPLETE**

**LAWYERS PLEASE COMPLETE THIS SECTION**

- 1. Two days before the clinic, email or fax this form to the lawyer shown below.
- 2. At the end of the session, after the lawyer has signed this form, please help the lawyer fax it to 604-324-1515

Clinic Info: Clinic Name: \_\_\_\_\_; Date: \_\_\_\_\_

Lawyer Info: Name: \_\_\_\_\_; Fax: \_\_\_\_\_; Type: \_\_\_\_\_; Phone: \_\_\_\_\_; Fax: \_\_\_\_\_; Email: \_\_\_\_\_;

Begin Time	End Time	Last Name	First Name	Year of Birth	Phone	Opposing Party(s)	Opposing Law Firm(s)	Brief Description of Services (see Note II below)	Category of law - please circle one for each client	Show	No Show
									Civil / Crim / Fam / Imm		
									Civil / Crim / Fam / Imm		
									Civil / Crim / Fam / Imm		
									Civil / Crim / Fam / Imm		
Standbys											
1st									Civil / Crim / Fam / Imm		
2nd									Civil / Crim / Fam / Imm		
3rd									Civil / Crim / Fam / Imm		

**LAWYERS: PLEASE CORRECTLY FILL IN THIS REPORT, SIGN TO CONFIRM YOU HAVE SEEN THE ABOVE CLIENTS, AND FAX TO ACCESS JUSTICE (604-324-1515) IMMEDIATELY AFTER THE CLINIC. (The Law Society Insurance Fund requires that clinic activity be reported through our program from insurance purposes for every client.)**

I certify 1) I am enrolled with A.J., 2) I saw the clients above, 3) my services complied with the Law Society's 'approved services' as of July 31, 2004, and 4) I will fax this report as above

Signature of lawyer: