CASE INFORMATION FORM

PART A - PLAN PARTICIPANT DATA

Case No.__/__/___ _

Intake ID: Secretary ID: Date Opened: / / LP Code:

Client ID: Status:

ELIGIBLE EMPLOYEE OR RETIREE

Name:
Address:

Home Phone:
Union Local:
Seniority Date:
Employee Number

Company:

SPOUSE/DEPENDENT SECTION

Name:
Address:

Status:
Home Phone:

SPECIAL INSTRUCTIONS

PART B - LAWYER ACTIVITY REPORT

CO-OPERATING LAWYER INFORMATION

Name:
Firm:
Address:

Lawyer ID:
Phone Number:

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 Thank Advice
   a. Office work Only ☐
   b. Lawyer on Record at Court or Tribunal ☐

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

_____

_____

_____

_____

PART C - SUMMARY BILLING REPORT

CHARGE TO PLAN FOR COVERED SERVICES
(Attach detailed Account)

No. of Hrs.	Hourly Rate/Block fee	Amount
		$
	HST/GST	
	Total	$

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

No. of Hrs.	Hourly Rate	Amount
		$

FOR UNIFOR-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 ☐ Client

COMMENTS:

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