

Case Update Form*

| Grant Number: | | <u>Date</u> : | |
|--|--------------------------------------|---------------------------------|--|
| Case Name: | | | |
| Notable Opponents: | | | |
| Name of Judge(s): | | | |
| Current Court: | age: | | |
| Client contact information: Name: | | Phone: | |
| ldress: | | Email: | |
| (This information will remain confidential, but it may prove useful for gath | hering background information | in the event ADF chooses to pub | olicize our involvement with this case.) |
| Has a demand letter been sent on behalf o | of your client? | □ No | □ Yes |
| If yes, please confirm that a copy is: | | | ☐ Previously Sent |
| | | | • |
| Elec | tronic copy is: | ☐ Unavailable | ☐ Being Sent |
| Has a <i>complaint</i> been filed in this case? | □ No | □ Yes | |
| If Yes, please confirm that a copy is: | □ Attache | ed 🗆 Previously | Sent |
| Electronic copy is: | | ilable ☐ Being Se | |
| If No, please provide the date of anticipal (If the complaint has not been filed, please notify ADF when publicizing of your efforts.) | | week prior to filing so that | ADF can effectively assist in the |
| Please review the status of the pending ac | ction: | | |
| Please identify all motions currently pend | ding before the co | ourt: | |
| Please identify all known hearing dates a | and motions or iss | ues to be determin | ned at such hearing: |
| Please identify the next anticipated action | n: | | |
| Has an attorney involved in the case attorney □ No □ Yes If yes, please | ended an ADF Le indicate name(s): | • | is employed by ADF? |

^{*} This form must be completed and submitted with all invoices for payment request. Failure to submit this form shall result in a denial or a delay in the disbursement of funds.