

## Case Reporting Form

Please note that counsel must submit a completed copy of this form with any interim or final billing.

**Lawyer Name:**

**Date:**

**Client Name:**

**Client File Number:**

### 1. Invoice Type:

- Interim Billing
- Final Billing

### 2. Stage File Opened:

- No Process Engaged
- Investigation
- Completion of Employer's Internal Process
- Action Commenced, Pre-Hearing
- Action Commenced, During Hearing
- After Hearing Completed
- Judicial Review/Appeal

### 3. How Were Legal Advice Services Provided (check all that apply):

- Over the Phone
- With Video-Conferencing Services
- In-Person at Lawyer's Office
- In-Person at Community-Based Support Services
- Other:

### 4. Area of Law for Services Provided (check all that apply)?:

- Human Rights (provincial)
- Human Rights (federal)
- Workers' Compensation
- Employment Standards
- Employment/Civil Litigation
- Criminal
- Victim's Compensation
- Other:

### 5. Ancillary Issues (check all that apply):

- Mental Health
- Housing
- Poverty
- Health
- Family
- Criminal
- Immigration
- Drug Addiction
- Financial
- Other:

**6. Services Provided** (check all that apply) <sup>?</sup>:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Initial case assessment            | <input type="checkbox"/> Negotiation/<br>settlement coaching | <input type="checkbox"/> Referrals to other<br>resources and supports |
| <input type="checkbox"/> Reviewing or drafting<br>documents | <input type="checkbox"/> Assist in negotiations              | <input type="checkbox"/> Other:                                       |
| <input type="checkbox"/> Procedural and hearing<br>coaching | <input type="checkbox"/> Assist with research                |   |

**7. Did the Client Pursue, or Intend to Pursue, any Remedy** (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Internal Employer process           | <input type="checkbox"/> Employment/Civil Litigation |
| <input type="checkbox"/> Human Rights complaint (provincial) | <input type="checkbox"/> Criminal complaint          |
| <input type="checkbox"/> Human Rights complaint (federal)    | <input type="checkbox"/> Victim's Compensation claim |
| <input type="checkbox"/> Workers' Compensation claim         | <input type="checkbox"/> Other:                      |
| <input type="checkbox"/> Employment Standards claim          |  |

**8. Indicate Your Opinion Regarding the Following Statements:**

After meeting, the client:	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Better understood their rights and legal options					
Was able to take some action to address the sexual harassment/seek remedy					

## Closing Section

Please only complete this section when submitting a final billing.

**Last Service Date:**

**1. Stage File Closed:**

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> No process engaged (consultation only)  | Action commenced, during hearing |
| <input type="checkbox"/> Investigation                           | After hearing completed          |
| <input type="checkbox"/> Completion of employer internal process | Judicial Review/Appeal           |
| <input type="checkbox"/> Action commenced, pre-hearing           |                                  |

**2. Closing Reason:**

- |  |   |
|--|---|
| <input type="checkbox"/> Advice provided and hours expended      | <input type="checkbox"/> Lawyer withdrew services                           |
| <input type="checkbox"/> Advice provided and no further meetings | <input type="checkbox"/> Unsuitable for continued service (clinic decision) |
| <input type="checkbox"/> Negotiated settlement                   | <input type="checkbox"/> Abandoned by client                                |
| <input type="checkbox"/> Conversion to private retainer          | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> Client withdrew from clinic             |   |
| <input type="checkbox"/> Client moved out of jurisdiction        |   |

**3. Outcomes (please select all that apply):**

**(a) Monetary (provide amount):**

- General Damages  Other<sup>?</sup>:  
 Injury to Dignity & Self Respect

**(b) Return to Work<sup>?</sup>:**

- Alternate Worksite  Employer Rejected  
 Complainant Rejected  Previous Position  
 Different Position  Not Explored  
 Additional Information:

**(c) Employer Remediation<sup>?</sup>:**

- Awareness/Sensitivity Training  Policy Development  
 Awareness/Sensitivity Training & Policy Development  Other:

**4. Is the SHARP Workplaces Advocate providing assistance to this client?**

- Yes  No  Don't Know

**(a) If yes, is the SHARP Workplaces Advocate assisting with:**

- Legal consultation  
 Documentation  
 Referral to additional support

**(b) Do you feel that the support provided by the Advocate assisted you in helping the client?**

(e.g. efficiency of delivering services, client understanding the legal advice)

**5. Closing note (describe in a couple sentences services provided to client):**

**6. Did the case involve an NDA or non-disparagement clause? If yes, please explain:**

**7. Did the client have a negative interaction when reporting to the police? Please explain if so:**

**8. Was this case a good story?**

**(a) If yes, please check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Story where outcomes were more than monetary                    | <input type="checkbox"/> Story of client empowerment |
| <input type="checkbox"/> Story of assisting client to navigate multiple processes/forums | <input type="checkbox"/> Story that elicits empathy  |

**(b) If this is a good story, please provide a summary:**