



FAMILY BILLING FORM FINAL RESULTS REPORT

Completing this form closes the LSS file for this case. No further billings will be accepted from you.

Case no. _____ Referral no. _____
 Lawyer _____ Lawyer vendor no. _____
 Client name _____
 Date of assignment (dd/mm/yyyy) _____

Result codes:

- 1 = Negotiation
- 2 = Mediation
- 3 = Interim consent order
- 4 = Interim court order
- 5 = Final consent order
- 6 = Final court order
- 7 = Unresolved
- 8 = Appeal allowed
- 9 = Appeal dismissed

Early termination

- Case abandoned
- Change of lawyer
- Client proceeding alone
- Client no-show

Costs awarded \$ _____

- 1 To client
- 2 Against client

Costs collected? If not, are costs recoverable?

- 1 Yes
- 2 No
- 1 Yes
- 2 No

↕ Enter result codes into the spaces below ↕

Issues:	Access	Custody	Divorce	Child maintenance	Spousal maintenance	Possession of home	Property division	Restraining order — assets	Restraining order — person
1 Court file no. _____	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)	(Enter result code)
2 Court file no. _____									
3 Court file no. _____									

Signature _____

Billing date _____
(dd/mm/yyyy)