

**TOURO LAW CENTER  
PUBLIC INTEREST LAW PERSPECTIVE  
REPORT OF COMPLETION**

Original to Registrar  
Copy to Clinical Programs

Student Name

Participating Firm/Agency

Address \_\_\_\_\_ Tel. No.

Supervisor

Dates of Student's Participation

Type of Case or Cases

Type of Work by Student

Hours

Legal Research \_\_\_\_\_

Client Interview \_\_\_\_\_

Witness Interview \_\_\_\_\_

Preparation of Pleadings \_\_\_\_\_

Settlement \_\_\_\_\_ Negotiations

Representation in Court or at Hearings

Administrative \_\_\_\_\_

Community Education \_\_\_\_\_

How much time was needed for training and orientation?

What sort of educational or other preparation would best suit a student for the work in your office?

Will you accept another Touro student for pro bono work?

If not, why not?

Comments: (use reverse side if additional space is needed)

**Statement of Completion by Supervising Attorney**

I certify that the student named above has satisfactorily completed a minimum of forty (40) or twenty (20) hours {circle one} of pro bono legal work under my supervision.

Signed: \_\_\_\_\_ Dated:

Print Name:

**Approved as Satisfying Pro Bono Requirement**

The placement described above is approved as satisfying the Touro Law Center Pro Bono Requirement of the Public Interest Law Perspective Requirement

\_\_\_\_\_ Dated:

Director of Clinical Programs/Director of Public Interest

