*Return this to Assigning Lawyer When Completed*

|  |  |
| --- | --- |
| Date Assigned: |  |
| Deadline for Completion: | Urgent? |
| Assigning Lawyer: |  |
| Delegated to: |  |
| Client Name: |  |
| Matter Name and/or Number: |  |
| Billing Information/Reference: |  |
| Assignment:  |
| Resources or Persons Needed to Complete Project: |
| Copies to Other Persons Working on Client Matter: |
| DEADLINE FOR COMPLETION: |
| DATE COMPLETED: | BY: |

**IMPORTANT NOTICES**

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