

DC Volunteer Lawyers Project

File Retention Form

**Name of lawyer submitting files:**

**Your contact information**

**Cell phone:**

**Email address:**

**Name of Case:**

**Case #:**

**Date Opened:**

**Date Closed:**

**Supervisor:**

**Lead Volunteer(s):**

**Shadow:**

**For GAL Cases - D.O.B. of youngest child client:**

**For CPO & DRB Cases - Was there a custody issue?**

**If so, D.O.B. of youngest child for whom custody was at issue:**