*Return this to Assigning Lawyer When Completed*

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| --- | --- |
| 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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