



## JUST DEEDS PROJECT – CASE CLOSING FORM

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**PLEASE E-MAIL THIS COMPLETED FORM TO [GLEN.DREW@VLNMN.ORG](mailto:GLEN.DREW@VLNMN.ORG)**

Client Information	
Name:	
Property Address (including, city, state, zip code):	Tax Parcel ID (Optional):
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any other owners of the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list their full name(s):
Client's Email (Optional):	Phone:

Attorney Information	
Name:	
Address (including, city, state, zip code):	Attorney Id. No.:
Email:	Phone:

Information About the Service Provided by the Attorney
Please described the services provided to the client:
Was the racially restrictive covenant renounced or removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much time did you spend working on this case?