

## **Action Form**

Please return this form to Pro Bono Law of BC as soon as you determine whether or not you are able to represent  
\_\_\_\_\_ (the "Client").

- The Client failed to attend his/her consultation.
- I will represent the Client.

Please provide a brief summary of further intended action on this matter:

- I will not represent the Client. Please specify.

\_\_\_\_\_  
Program Lawyer Name

\_\_\_\_\_  
Date

**\*Please return this form, a copy of the Client's signed Waiver Form, and (if applicable) a copy of the Service Agreement to:**

Carol Jones, Coordinator  
Pro Bono Law of BC  
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