

CASE COMPLETION FORM

Thank you for volunteering with the SALSA COVID-19 Remote Wills for Healthcare Workers Program! Our program wouldn't be successful without your time and effort, and we appreciate your efforts to provide peace of mind for frontline healthcare workers.

Upon completion of your representation, please complete this form and return to: volunteer@sa-lsa.org

Case Information:

Client's Name:

Your Name:

Your Firm or Other Affiliation:

Your Email:

Documents that you provided to the client:

- Simple Will
- Statutory Durable Power of Attorney
- Medical Power of Attorney
- HIPAA Authorization
- Declaration of Guardian
- Directive to Physicians
- Other: _____

Number of Pro Bono Hours Spent on Case: _____