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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |
|  |  | |  | **COMPANY NAME** | | | | |  |
|  |  | Ap #221-717 Duis Road, 85438 Canada | | | | |  |
|  |  | T: 1-232-992-8440 | | | | |  |
|  |  | paralegal.help@icloud.ca | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Case#:** 2155/2023 | | |  |  |  |  |  |  |
|  | **Client Name:** Walter Graves | | |  |  |  |  |  |  |
|  | **Paralegal Name:** Victoria Rios | | |  |  |  |  |  |  |
|  | **Reports To**: Merrill Casey | | |  |  | **Week#:** 24/2023 | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **WORK RECORDED** | | | | | | | |  |
|  | Category | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |  |
|  | Work type | In-court | Out-of-court | In-court | Out-of-court |  |  |  |  |
|  | Start Time | 08:00 | 07:00 | 07:00 | 08:00 |  |  |  |  |
|  | End Time | 16:00 | 17:00 | 14:00 | 15:30 |  |  |  |  |
|  | Less Lunch | 01:00 | 00:30 |  | 01:30 |  |  |  |  |
|  | **TOTAL HOURS PER DAY** | **07:00** | **09:30** | **07:00** | **06:00** |  |  |  |  |
|  | TOTAL HOURS FOR WEEK **IN-COURT** | **14:00** | | | | | | |  |
|  | TOTAL HOURS FOR WEEK **OUT-OF-COURT** | **15:30** | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **CLIENT STATEMENT** | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | I agree that hours indicated above are accurate and that the work performed is satisfactorily. All the work was perform as previously agreed. | | | | | | | |  |
|  | Client: |  |  |  |  | Date: |  |  |  |
|  |  | (signature) | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **PARALEGAL STATEMENT** | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | I agree that hours shown on this timesheet are correct, and I have performed the service. There were no activities or events that would affect the record of work outside of the pre-agreed terms and conditions. | | | | | | | |  |
|  | Paralegal: |  |  |  |  | Date: |  |  |  |
|  |  | (signature) | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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