Case#:							
Client Name:							
Paralegal Name: Reports To:						Week#:	
WORK RECORDED							
Category	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Work type							
Start Time							
End Time							
Less Lunch							
TOTAL HOURS PER DAY							
TOTAL HOURS FOR WEEK IN-COURT							
TOTAL HOURS FOR WEEK OUT-OF-COURT							
CLIENT STATEMENT							
Client:					Date:		
		(signature)		1			
PARALEGAL STA	TEMENT						
Paralegal:					Date:		
-	(signature)						