

File a separate report for each date and court

MDP ATTORNEY:

DATE:

The Misdemeanor Court at

HENNEPIN COUNTY BAR ASSOCIATION

## Misdemeanor Defense Project

E-mail an electronic copy to: [robin@hcba.org](mailto:robin@hcba.org) You may also fax to (612) 752-6601 or mail to HCBA-MDP, 600 Nicollet Mall, Suite 390, Minneapolis, MN 55402  
LRIS Atty Line: (612) 752-6660

After court appearance please fill in the following information and return this form, with appropriate referral fees, to the address shown above.

**FORM SHOULD BE RETURNED WITHIN FOURTEEN DAYS OF COURT DATE.**

**Number of persons counseled at court.** (total)

**Number of persons retained from this appearance.** (Give name and address:)

- 1.
- 2.
- 3.

\*A referral fee of **\$30** is due for each client who retains the services of the attorney.  
Include fee checks and enter total here: \$

**Describe any problems you are having with the court, the panel, or with other attorneys in performing your responsibilities for the MDP program.**

- Yes  No I was present at the courthouse.  
 Yes  No I introduced myself to the clerks and judge before the reading of the rights.  
I was available for consultation from \_\_\_\_\_ until \_\_\_\_\_  
 Yes  No A substitute took my place if I was not able to be present.  
Name of substitute: \_\_\_\_\_

By completing and submitting this report, I declare that this is a true report on the fulfillment of my MDP responsibilities for this date. Type initials here: