Lawyer’s Log

Lawyer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (day/month/year): From \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TYPE OF CONTACT** | | | | **REFERRAL** | | | **LOCATION (of client)** | | | | | | | | | | | **GENDER** | | | | **AGE** | | |
|  | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | | | | **J** | **K** | **L** | | **M** | **N** | **O** | **P** | **Q** | **R** | **S** | **T** | **U** |
|  | Email | Phone | In person[[1]](#footnote-1) | Other | IN | OUT | | **Qikiqtaaluk** | | | | | | **Kivalliq** | | | **Kitikmeot** | **Other** | Male | Fem | Other | Prefer not to say | 13 to 17 | 18 to 64 | 65+ |
|  | For legal service | For ‘other’ service[[2]](#footnote-2) | Iqaluit | | Cape Dorset | | Clyde River | | Arviat | | Rankin Inlet | Cam. Bay |
| **1** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  | |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **21 Sub- total** |  |  |  |  |  |  |  |  | | |  | |  |  |  | |  |  |  |  |  |  |  |  |  |
| **22 TOTAL** |  | | | |  | | |  | | | | | |  | | |  |  |  |  |  |  |  |  |  |

1. This should not include in-person consultations occurring during or immediately post-PLEI event. Those consultations should be recorded on the Event Facilitator Log for the appropriate event. [↑](#footnote-ref-1)
2. If out referrals are made to ‘other’ (non-legal services), please make note of the types if referrals made (i.e. health services, psychosocial support, etc.) [↑](#footnote-ref-2)