

**Foreclosure Mitigation Counseling Initiative  
Legal Assistance Reporting Form**

Field No.	1	2	3	4	5	6	7	8	9	10
Required?	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Clients	BranchID	ClientID	FirstName	LastName	HouseNumber	Street	City	State	Zip	TypeofLegalEntitythatAssistedClient
<b>SAMPLE</b>	101	1234	James	Johnson	123	Main	Anywhere	PA	11111	3 =Private Attorney or Legal Staff
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

\* Data Point Required only if Outcome has a value

NW Spreadsheet Data Field Names Below:

BranchID	ClientID	FirstName	LastName	HouseNo	Street	City	State	Zip	LegalEntityType
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ServiceInterpretingDocs	ServiceReviewingCaseFiles	ServiceAdviceToCounselor
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ServiceAdviceToClient	ServiceContactingServicers	ServiceNegotiating
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ServiceNullifyingScams	ServicePreparingDocs
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ServiceMediationArbitration	NumHours	OutcomeCode	OutcomeDate
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CollaboratedWithCounselor