**CHANGES IN STAFFING REPORT FORM**

| **FIRM NAME:**  |  | **JURISDICTION:** |  |
| --- | --- | --- | --- |
|  | **APS/APGRB** |  | **CINA/TPR** |  | **Contract Period (Month/Year):** |  | **Page    of** |

| **Title of Position** | **Name of Staff** | **Type of Position\*** | **% of Time Dedicated to Contract Work in this Jurisdiction** | **Actual Hours Worked this Month** | **Monthly****Compensation Amount $** | **Dates****Resignations or Terminations**  | **Complaints** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DR** | **OH** |  |  |
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**I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief. \*DR – Position providing Direct Legal Representation OH – Position considered as Overhead**