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| **Date** | **Caseworker’s Name** | **Case #** | **Client Name** | **Nature of Legal Activity** |
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**Monthly Activity Report CEDSS/CWS/22-003**

**Legal Services for Cecil County Department of Social Services Attachment B**

**Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**