



**Pro Bono Attorney Volunteer Waiver & Agreement**

Thank you for volunteering with OneJustice’s Immigrant Post-Conviction Relief Clinic by taking on a full-scope motion to vacate for a client. By initialing below, you confirm your commitment to your client and to this project.

\_\_\_\_\_ In consideration of OneJustice’s placement and mentorship in this pro bono case, I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, and agree to hold harmless OneJustice and its board, officers, servants, agents, and/or employees (hereinafter “releasees”) with respect to any and all claims, injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

\_\_\_\_\_ I agree to review all orientation and training materials provided to me upon accepting this pro bono case. I understand that in order to provide high-quality and effective legal services, it is critical that I make the effort to understand the legal framework of the case, and the context that surrounds this case for the client.

\_\_\_\_\_ I agree not to share information provided to me by my client without the client’s express consent.

\_\_\_\_\_ I agree to be mindful of emotional boundaries and power dynamics between myself as a volunteer and the client receiving pro bono services. I agree to be conscious of my position of power, including that which attaches to my profession, migration status, race, gender, physical ability, or socioeconomic status. I agree to maintain professional boundaries with the client I am providing services for.

\_\_\_\_\_ I agree to maintain regular contact with OneJustice and with my client, providing relevant case updates and progress reports. This includes monthly check-in calls with the OneJustice Clinic Coordinator.

\_\_\_\_\_ I agree to promptly report to OneJustice any issues with my client or inability to contact the client, and to work together with the OneJustice Clinic Coordinator to resolve the issue.

*I understand and agree to the above:*

\_\_\_\_\_  
Pro Bono Attorney Name

\_\_\_\_\_  
Pro Bono Attorney Signature

\_\_\_\_\_  
Date