**Limited Scope Consultation Agreement**

1. **Confidentiality**

Any and all information you share with the volunteer or attorney during this appointment and in a follow-up consultation is protected and confidential to the full extent permitted by the law and required by lawyers’ ethical rules. It will not be shared outside of the volunteer and [Organization] Staff and/or partner organizations supporting the [Legal Clinic Name]. Signing this document seals this confidential relationship. You will receive a copy of this agreement for you records.

1. **Scope of Consultation Services**

You are receiving services through [Organization] [Legal Clinic]. The volunteer providing an interview and the attorney providing a legal consultation through the Clinic will be helping you **only with a brief consultation** regarding legal issues, consequences, and rights related to your record and immigration status. The attorney may be able to help explain your situation, offer a referral, or give you advice about what to do next, but **they will not take your case, represent you in court, or help you after your interview and brief consultation**. If you need additional services in the future, you and the attorney must sign a new agreement.

If the attorney receives additional information relevant to issues discussed during your interview and brief consultation, they may update you with this information and relevant advice, where reasonably possible, either over the phone or in person. If [Organization] is not able to contact you with the information you provide, you will not receive a consultation or any additional services.

1. **Participant Responsibilities**

You agree to provide the volunteer and the attorney with true and accurate information directly and on any forms or questionnaires. Failure to do so could impact the accuracy of the advice you receive or the attorney’s ability to provide you a consultation. [Organization] is not liable for any information you provide or fail to provide.

You will not be charged for this legal intake or consultation. You will be informed of any potential costs associated with additional services, for which a new legal agreement will need to be signed.

*I understand and agree to the above.*

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Print Client Name Client Signature   Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Volunteer Name Volunteer Signature  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Attorney Name Attorney Signature Date

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