

Sunshine Legal Clinic
1632 W. Main Street
Sun Prairie, WI 53590

YOUR NAME: _____ (“Client”)

ASSISTED BY: _____ (“Volunteer Attorney”)

DATE: _____

Limited Representation Agreement

This is an agreement between Client and Volunteer Attorney, who has agreed to donate his or her time today to assist Client on the matter(s) described on the backside of this Agreement during today's Sunshine Legal Clinic.

SCOPE OF REPRESENTATION

Volunteer Attorney agrees to provide the following services as appropriate to Client at no charge during today's clinic:

1. Review the facts of Client's legal matter as presented by Client;
2. Briefly advise Client on legal matter as presented by Client;
3. Assist with determining the steps Client may wish to take to resolve his or her legal matter;
4. Explain legal terms and procedures related to Client's legal matter;
5. Refer Client to appropriate community or legal resources or information;
6. Identify and assist with appropriate forms needed by Client.

Volunteer Attorney will not provide the following services to Client:

1. Ongoing advice or assistance to Client of any kind in this matter after the conclusion of today's clinic unless and until both Volunteer Attorney and Client enter into a separate written representation agreement;
2. Representation of Client in any other case or dispute unless and until both Volunteer Attorney and Client enter into a separate written agreement;
3. Conduct any independent factual investigation related to Client's situation;
4. Sign any pleadings on Client's behalf or contact any other party on Client's behalf;
5. Any other services not explicitly stated above as a service that Volunteer Attorney will provide.

CONFIDENTIALITY

Volunteer Attorney and all Sunshine Legal Clinic staff will keep Client's information confidential but will not keep any copies of Client's documents.

CONFLICTS

The signatures of the Volunteer Attorney and Client below acknowledge that (1) neither of them is aware of any conflict of interest that would preclude serving the client under the terms of this agreement and (2) that should evidence of a conflict of interest become known to either the Volunteer Attorney or Client that each agrees to inform the other and take appropriate action, including but not limited to assigning a different clinic attorney to assist the client.

FILL OUT BOTH SIDES OF FORM

SUNSHINE LEGAL CLINIC

IMPORTANT INFORMATION

Client also understands that Volunteer Attorney will exercise his or her best judgment while performing the limited legal services stated above, but also recognizes:

1. Volunteer Attorney is not promising any particular outcome;
2. Volunteer Attorney has not made any independent investigation of the facts, and is relying entirely on Client's limited disclosure of the facts given the duration of the limited services provided;
3. Volunteer Attorney has no further obligation to Client after completing the limited legal services described above, unless and until both Volunteer Attorney and Client enter into another written representation agreement.
4. That the Client has the right to retain counsel who might not be subject to the same limitations as the Volunteer Attorney and that it is possible that full representation by an attorney counsel could identify options for resolution of the client's legal problems that is not possible within the service limitations of the Sunshine Legal Clinic.

COMPLETE AGREEMENT

This document, in particular the section entitled "Scope of Representation" states the full scope of the attorney client relationship between the Volunteer Attorney and the Client.

CLIENT

VOLUNTEER ATTORNEY

Date: _____

Date: _____

MATTERS (ASSISTANCE REQUESTED)

HOW DID YOU HEAR ABOUT OUR CLINIC?

FILL OUT BOTH SIDES OF FORM