

Volunteer Lawyers Network REPRESENTATION AGREEMENT

In this agreement, "I" means the client whose name appears below and "you" means the attorney whose name appears below. Volunteer Lawyer's Network (VLN) is the referring agency.

<u>Client Information</u>	<u>Attorney Information:</u>
Name:	Name:
Address:	Address:
Phone number:	Phone number:
Email:	Email:
	ID Number:

I agree that you and any other attorney/s chosen by you or to whom I am referred shall represent me in the following legal matter: _____.

Authorization: I agree that you may get confidential information about me and my problem from government agencies and health care providers. I agree to sign papers telling these people to give you information about me.

Agreement: I agree to the following:

1. All of the income and property information I have given you is true. I cannot afford to pay an attorney.
2. If you later find out that I had money or property which I could have used to hire an attorney that I did not tell the truth about my income or property, you may stop representing me. I will also be required to pay you the value of the legal services I may have received as a result of not telling the truth.
3. You will not charge me for legal services provided to me. I will pay you for money you pay on my behalf for copying, court fees or other expenses arising from my case. You have advised me that you think the costs which I may be required to pay in the event a court waiver cannot be obtained are: _____.

Withdrawal by Attorney: You may stop representing me and VLN will not refer me to another attorney if:

1. I have not told the truth about my income, property, family status or facts of my case.
2. I fail to tell you about any important changes in my income, property or my address.
3. I do not cooperate with you in getting evidence or in preparing my case.
4. You may not continue to represent me under the rules of the Minnesota Supreme Court covering lawyers' ethics; or VLN cannot find an attorney willing to take my case after you have withdrawn for any reason.
5. I disobey a court order which you have advised me to obey.
6. You conclude we have very little chance of winning my case and I insist on pursuing my claim against your advice.
7. For other reasons, you cannot represent me. If this happens, VLN or you will tell me those reasons.

Withdrawal by Client: I (the client) may terminate the lawyer-client relationship at any time. However, in most situations, VLN is unable to refer the client to another attorney.

I have read this statement. My attorney has explained this Agreement to me and has answered my questions about it. I agree to the terms of this agreement. I have received a copy of this agreement.

Client Signature

Date:

Attorney Signature

Date:

For funding purposes only. Does not affect our services and is confidential. **DO NOT SIGN BELOW IF YOU ARE NOT A US CITIZEN OR ARE UNSURE OF YOUR IMMIGRATION STATUS.**

I am a citizen of the United States: _____

Client signature if applicable

Date

Attorney: Please retain original and fax or scan a copy to VLN. (General fax number is 612-752-6656) or mail to Volunteer Lawyers Network, 50 South 6th Street, Suite 1308, Minneapolis, MN 55402.

Note: VLN has a client grievance policy. For more information, call 612-752-6677.