

Notre Dame Legal Aid Clinic

CLIENT RETAINER AGREEMENT

1. I hereby retain the Notre Dame Legal Aid Clinic (“Legal Aid Clinic”) to act as my attorney in the following matter:

2. I understand that the Legal Aid Clinic has agreed to represent me only in the matter listed above. If there is a question in the future about representation on an appeal or if I need help with a different problem, I understand that the Legal Aid Clinic will have to weigh that request for service against the other requests it receives.

3. I understand and agree that I will be represented by a law student working under the supervision of an attorney employed by the University of Notre Dame. I also understand that the supervising attorney may assign a different law student to my case in the future, and that I will be informed of any such change.

4. I understand that the Legal Aid Clinic has a duty to keep information about me and my case confidential. Normally, no such information will be shared with anyone outside of the Legal Aid Clinic without my consent, except for information that must be shared in order for the Legal Aid Clinic to carry out its representation. I authorize the Legal Aid Clinic to consult and share information with other lawyers, experts, investigators or consultants if, in the Legal Aid Clinic’s opinion, such a consultation would help the Legal Aid Clinic to provide me with better representation.

5. I understand that the Legal Aid Clinic is a teaching law office, and that students, staff and supervising attorneys in the Legal Aid Clinic will have to discuss my case among themselves in order to ensure the best possible representation. I also agree that Legal Aid Clinic students and supervising attorneys may discuss my case among themselves in a classroom setting for educational purposes.

6. I understand that the services of the Legal Aid Clinic are provided at no cost to me. I agree, however, to pay any filing fee or other court costs if they cannot be waived by the court. If attorneys’ fees are awarded by a court in connection with my case, I agree that they will be paid to the Legal Aid Clinic.

7. I understand that the Legal Aid Clinic will work vigorously on my behalf and will keep me regularly informed about the status of my case, I agree to cooperate with and assist the Legal Aid Clinic in my case, to provide complete and truthful information when requested by my law student intern or other staff members, to be present at all scheduled hearings and meetings, and to respond promptly to phone calls and letters from the Legal Aid Clinic.

8. I understand that if I do not inform the Legal Aid Clinic of a change of address within 30 days of the change, or if I repeatedly fail to respond to letters or telephone calls from the Legal Aid Clinic, the Legal Aid Clinic may assume that I no longer want the Legal Aid Clinic to serve as my attorney and may seek to withdraw from my case.

9. I understand that if I am not satisfied with the services of the Legal Aid Clinic, I am free to discharge the Legal Aid Clinic as my attorney.

10. I understand that I have the right to decide the goals to be pursued in this case. I also have the right to decide whether or not to accept any offer of settlement by the opposing party. I agree that the Legal Aid Clinic will be primarily responsible for deciding which legal procedures to follow in my case.

11. I have been informed that the Legal Aid Clinic will keep my file and any documents it contains for 10 years after my case is closed and that at the end of those 10 years the file will be destroyed. I understand that I may request a copy of my file or documents within it at any time, except for documents created by the Legal Aid Clinic that were either in draft form or were created for purely internal purposes.

By signing this agreement, I acknowledge that it has been explained to me by the law student intern or supervising attorney named below, and that I have had an opportunity to ask questions and receive an explanation regarding any part of it I did not understand.

Client signature: _____ Date: _____

Client's name (printed)

Law Student Intern or Supervising Attorney: _____