****Clinic appointment date:

Client:

Pro Bono Attorney (s):

**Client Advice Form**

***Client Priority Steps:***

1. First Priority Step:

Guidance:

1. Next Priority Step:

Guidance:

1. Next Priority Step:

Guidance:

***Pro Bono Attorney(s) Next Steps (If any):***

Attorney Contact Information:

 @gsadvocates.org

*“Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.” Philippians 4:6-7*

*“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11*

I understand that the service(s) the pro bono attorney agreed to provide to me outside the Good Samaritan Advocates legal clinic setting is limited only to the tasks stated in the Client Advice Form. The pro bono attorney is **not** representing me in court or in any manner beyond the limited scope as stated on this Form. I understand that the pro bono attorney is not obligated to provide help to me that is not set forth in the Client Advice Form.

Client Signature Date

Client Name (Printed):