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**ATTORNEY-CLIENT AGREEMENT**

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017, by and between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Client”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an attorney (the “Attorney”) employed by the Neighborhood Christian Legal Clinic (the “Legal Clinic”).

1. The Attorney agrees to provide the following services to the Client based on the information the Client has provided:
2. advise the Client on law relevant to Client’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issue;
3. advise the Client on how the relevant law relates to his/her \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issue;
4. prepare the following legal document for client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
5. represent the Client in the following lawsuit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
6. represent the Client in seeking the following legal remedy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
7. The Attorney does not agree to do anything unless it is explicitly described in this agreement. If the Attorney later decides to help the Client with a legal issue other than the one described in this agreement, then the Attorney and the Client will need to sign another attorney-client agreement. Nothing in this agreement binds the Attorney to assist the Client with a legal issue that is not described in this agreement.
8. The Attorney will not charge the Client for his/her legal services. The Client is responsible for filing fees and any other fees related to his/her case (if applicable and if fees cannot be waived). The Client agrees to reimburse the Attorney for any expenses that he/she has paid to provide the services described in paragraph 1 above.
9. Once the Attorney completes all the tasks listed in this agreement, then the Attorney will close the Client’s file. At that time, the Attorney will no longer represent the Client.
10. The Client understands that the Attorney will do the following in his/efforts to represent the Client:
11. the Attorney will inform the Client about any significant developments in Client’s case;
12. the Attorney will consult with the Client before any significant decision is made on Client’s behalf;
13. the Attorney will provide the Client with sufficient legal information and advice to empower Client to make an informed decision;
14. the Attorney will consult with the Client prior to Client’s decision to settle case; and
15. the Attorney will keep information pertaining to Client’s issue or case confidential.
16. The Client understands that he/she will do the following and will cooperate with the Attorney in his/her efforts to represent the Client:
17. the Client will promptly respond to requests by the Attorney for the Client to contact the Attorney about his/her case;
18. the Client will tell the Attorney as soon as he/she receives documents or information relating to his/her case;
19. when the Attorney requests documents or information from the Client, the Client will give the Attorney the documents or other information by the deadline;
20. the Client will tell the Attorney when his/her income or any household member’s income changes as soon as possible;
21. the Client will tell the Attorney if his/her address or telephone number changes as soon as possible;
22. the Client will come to appointment scheduled by the Attorney or call to let the Attorney know that he/she needs to reschedule;
23. the Client will go to court or administrative hearings when the Attorney asks the Client to do this; and
24. The Client will avoid communications with opposing parties and their attorneys without prior consultation with the Attorney.
25. The Client will avoid filing documents or taking any court action without prior consultation with the Attorney.
26. Everything the Client has told the Attorney about him/her and his/her case is true to the best of the Client’s knowledge.
27. The Client understands that no result is guaranteed. The Client also acknowledges that the Attorney has made no guarantees of outcomes.
28. The Client can tell the Attorney to stop representing him/her at any time for any reason.
29. If the Client has a complaint about the legal services provided by the Attorney, then the Client has the right to file a grievance in accordance with the Legal Clinic’s Grievance Policy which is available here: (<http://www.nclegalclinic.org/ContactUs.aspx>).
30. The Attorney can stop representing the Client for any good reason, but only after telling the Client. These reasons include, but are not limited to: the Client does not cooperate or abide by any part of this agreement; or further services (advice and/or representation) would be useless, unreasonable, or would not achieve the Client’s objective(s); or Client does not agree with Attorney’s proposed course of action to achieve Client’s objective(s).
31. The Client understands that if his/her household’s size or gross monthly income changes and he/she no longer qualifies under the income guidelines of the Legal Clinic, then the Attorney reserves the right to terminate representation of the Client.
32. The Attorney will abide by the file retention policy of the Legal Clinic. The Legal Clinic and the Attorney will provide the Client with access to and copies of appropriate materials in his/her file. However, the Legal Clinic’s policy is to destroy client files after a period of five years. Thus, after five years from the date the Client’s file is closed, the Legal Clinic and the Attorney will no longer provide the Client with access to and copies of her file since it will have been destroyed.
33. The Client may contact the Attorney in any of the following ways:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax: (317) 429-4130 (Attn: Attorney Name)

 Mail: Attorney Name

 Neighborhood Christian Legal Clinic

 3333 N. Meridian Street, Suite 201

 Indianapolis, IN 46208

1. The Attorney currently has the following contact information for the Client. If this information changes, it is the responsibility of the Client to update the Attorney. Failure to update the Attorney may result in the Attorney closing the Client’s file.

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. By signing this agreement, the Client certifies that he/she is not currently represented by any Attorney.
2. The Client has been given a copy of this Attorney-Client Agreement.

**I have read the contents of this Attorney-Client AGREEMENT, and give my consent to this attorney-client agreement.**

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Client Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

 Last updated: 04/2016