

## Lawyer – Client Agreement

1. My name is \_\_\_\_\_.
2. I am under 18 years old.
3. I live in the county of \_\_\_\_\_.
4. I agree that the lawyers at Legal Services for Children will represent me in these matters:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. I understand that Legal Services for Children hasn't agreed to represent me in any other matter.
6. I understand that Legal Services for Children hasn't agreed to file any appeals for me.
7. If I change my phone number or address, I promise to give Legal Services for Children my new contact information right away.
8. I understand that if Legal Services for Children can't get in touch with me, they may not be able to continue representing me.
9. I understand that one lawyer will be in charge of my case, but that social workers and interns from Legal Services for Children may also work on my case.
10. I understand that if my lawyer isn't available, another lawyer from Legal Services for Children may take over my case.

Date: \_\_\_\_\_ Signature of Client: \_\_\_\_\_

1. My name is \_\_\_\_\_.
2. I am a lawyer at Legal Services for Children.
3. Legal Services for Children's office is located at 1254 Market Street, Third Floor, San Francisco, California, 94102. Our phone number is (415)863-3762.
4. I agree to represent \_\_\_\_\_  
in the matters listed above.

Date: \_\_\_\_\_ Signature of Lawyer: \_\_\_\_\_

Goal of representation:

I understand that the following actions are necessary to achieve my goal:

1)

2)

3)

I understand that the following actions could make my goal difficult or impossible to achieve:

1)

2)

3)

Before our next meeting on \_\_\_\_\_ I will:

1)

2)

3)

Date:

Signature: