

REPRESENTATION AGREEMENT

I, _____ authorize
_____, a licensed attorney
in private practice, to do all things necessary to represent me in the following
legal matter: _____

_____.

LIMITATIONS ON REPRESENTATION: I understand that the volunteer attorney
may be able to provide only limited representation on a legal matter. I agree that
the volunteer attorney may limit his/her representation and other necessary
activities to the following: _____

_____.

This agreement does not require the attorney to file an appeal. If I lose or I do
not like the results in my case, my attorney is not required to take it to a higher
court.

I understand I qualify for free legal help at this time. In the future, if I no longer
qualify, the attorney may have to stop representing me. The attorney will take
steps to protect my legal rights before ending representation.

MY RESPONSIBILITIES:

I agree to:

- Tell the attorney all of the facts about my legal problem
- Give the attorney copies of any papers I have about my legal problem
- Stay in touch with the attorney
- Go to all appointments and hearings
- Pay for any costs in this case that are my responsibility
- Tell the attorney if
 - My address or phone number change
 - My income changes
 - Anyone moves in or out of my home
 - I go to jail, or prison
 - My immigration status changes

I understand that if my attorney cannot find me after trying the address and
phone number I have provided, the attorney may withdraw from my case and
stop representing me.

MY CASE IS CONFIDENTIAL: The information I give my volunteer attorney is confidential. My volunteer attorney will not share this information with anyone outside of SMLRS or his/her law firm unless I agree.

NO ATTORNEY FEES: The volunteer attorney will not charge me for his/her services. If I win my case or it settles outside the Court, the other side may be required to pay my attorney's fees. If they do, my attorney may keep whatever fees are paid by the other side. I understand that my volunteer attorney is a private attorney representing me on his/her behalf and not on behalf of SMRLS.

GRIEVANCE POLICY: If I am dissatisfied with the way my case is being handled, I may file a grievance complaint with Steve Wolfe, 55 East Fifth Street, Suite 400, St. Paul, MN 55101. SMRLS is available to mediate disagreements between my attorney and myself.

I have read, or have had read to me, and understand this agreement and have received a copy of it.

Client: _____ Date: _____

Volunteer Attorney: _____ Date: _____