

HAMILTON COUNTY LEGAL SELF-HELP CENTER

Service Agreement

The Legal Self-Help Center (the “Center”) helps low-income people with certain types of civil cases before a Hamilton County Court. Center participants must meet financial eligibility standards set by the State and not own substantial assets. The Center helps in the selection and completion of Court forms and when appropriate, provides referrals for low-cost mediation, family counseling, parenting time coordination, and other social services. In addition to meeting the eligibility standards, Center participants must initial acknowledgements below:

1. The Center Provides Information and Referrals Only

I/We understand that the Center volunteers, attorney, and personnel can only provide me with general information and service referrals. I further understand that Center volunteers, attorneys, and personnel may provide information to any qualified person, including the other party or parties in my case. The Center is neutral and does not represent any specific party.

Initial: ___/___

2. The Center Will Not Be Your Lawyer

I/We understand that the Center volunteers, attorney, and personnel cannot serve as my lawyer and that no one associated with the Center represents me or any of my interests in my case. The attorney-client relationship between the Center and me will only exist during the short period of brief service I receive from the Center. I understand that no one from the Center will go with me to Court. I understand that any information that I may get is not a substitute for legal advice and that it is always good to hire a lawyer before going forward on my own.

Initial: ___/___

3. The Center Cannot Offer Complete Confidentiality or Conflict Protection

I/We understand that what I say to the Center volunteers, attorney, and personnel is not confidential in the same way it might be in other legal settings. While my information will be kept in confidence by any volunteer attorney, I understand that I have to get my own attorney if I want personalized advice or to have a confidential conversation.

Initial: ___/___

4. The Center Is Not Responsible For the Outcome of Your Case

I/We understand that the Center volunteers, attorney, or personnel are not responsible for the outcome of my case and that I will be representing myself in the matter. I agree not to hold the Center volunteers, attorney, or personnel liable for any outcome of my case or its completion.

Initial: ____/____

I/We have read and reviewed this Center Service Agreement and I understand and agree to the terms that are listed. All of my questions about the Center's services have been answered to my satisfaction.

Initial: ____/____

Center Participant (s) Name: _____
Print

Signature: _____ Date: _____

Center Participant (s) Name: _____
Print

Signature: _____ Date: _____

Intake Interviewer: _____

END OF DOCUMENT