AGREEMENT FOR LEGAL SERVICES

I. Scope: I retain The Center for Student Legal Services (CSLS) as my attorney for the purpose of: (attorney will complete this section)

_____

_____

I understand that CSLS cannot and does not make any guarantee as to the outcome of my case. I understand that representation is limited to the above matter and that any further representation will require a separate written agreement. I understand that the appeal of a court or administrative decision is a separate legal matter that would require evaluation by CSLS and if accepted, a separate written agreement.

II. Client's Responsibilities:

- I will be truthful and provide complete and accurate information about eligibility and my case.
- I will cooperate in the preparation of my case, which includes promptly providing all available records, documents and information related to my case and updating this information as needed.
- I will promptly attend all scheduled court appearances and office appointments at the scheduled times.
- I will immediately inform CSLS of any changes in my address, electronic mail and/or telephone number as well as any change in enrollment status.
- I will pay any fees or costs associated with my case pursuant to Section V of this agreement.
- I have the right to make the final decision regarding any settlement proposal related to my case.

III. CSLS Responsibilities:

- CSLS will provide me status updates related to my case as events occur.
- CSLS will keep my file for a minimum of six years after the case is completed and then may destroy it. If I want the physical file rather than destruction, I must notify CSLS in writing within six years of the closing of my case and notify CSLS where to deliver the file.

IV. Eligibility:

- Eligibility shall be determined at the time an appointment with a CSLS attorney is initiated and when an Agreement for Legal Services is signed by the attorney.

V. Fees and Costs

- I understand that (check one):
  - □ CSLS will not charge me attorney fees;
  - □ I will pay CSLS a flat fee of _____; OR
  - □ I will pay a retainer fee of _____ and an hourly rate of _____ per hour.
- I understand that if the opposing party is ordered to pay attorneys' fees associated with the representation in my case, CSLS shall keep those fees.
- I understand that I am responsible for and will pay any filing fees, court costs, attorney fees of the other party if ordered by the court and/or other costs related to my case in advance. I understand CSLS will not incur any costs without first consulting with me. I understand that my failure to pay for these fees or costs may prevent my case from going forward or result in the withdrawal of representation.

OVER

VI. Termination:

- I may terminate this agreement at any time by notifying CSLS in writing of my decision to terminate.
- CSLS may terminate this agreement or withdraw from representation if: (1) the client violates the terms of this Agreement for Representation, (2) the client is no longer eligible for services, or (3) CSLS determines that there is a conflict of interest with CSLS or with another O.U. Student or continued representation would violate any Rules of Professional Conduct.

VII. Grievance Policy: If you disagree with CSLS regarding decisions regarding your case, you may view a copy of the grievance policy as well as eligibility guidelines at the CSLS website located at: www.studentlegalrights.org.

VIII. Parental Consent: I DO/ DO NOT (circle) give CSLS permission to discuss my case with my parents.

NOTE: Your discussion with your attorney is confidential; CSLS will not contact your parents. If your parents wish to speak to us about your case, we need your consent. If you do not give permission but change your mind later, you will need to confirm your change in writing via email before we can speak to anyone else about your case.

IX. US Citizenship: I am a United States citizen YES / NO (circle)

If you are not a United States Citizen, being charged with or convicted of any criminal or traffic offense may affect your immigration or visa status. You must inform us of your status upon your first visit to our office.

Through my signature below, I acknowledge that I have read the above "Agreement for Legal Services" and I fully understand and accept all of the terms and conditions set forth in it.

_____ _____

Date Client Signature

_____

Print Name

Local address: _____

Permanent address: _____

Telephone number: _____ E-mail address: _____

CSLS accepts representation of this case.

Date:_____ _____

Attorney, Center for Student Legal Services