



Re-Enrollment Form

I, _____ agree to re-enroll in The Center for Student Legal Services "CSLS" as of _____, 2011 at ____:____AM/PM.

By signing this form I understand and agree to the following information:

- 1) The \$8.00 legal services fee will be added back to my tuition bill by the OU Bursar's office. I am responsible for paying it. Non-payment of the fee may result in a hold on my academic record that prevents me from registering for classes for the next academic term.
- 2) I understand that my re-enrollment in CSLS means I will be provided legal services **starting on the date and time I re-enrolled in the program.**
- 3) I understand that if I have a legal issue that occurred **before** I re-enrolled in CSLS, I will be subject to attorney fees **in addition to** paying the \$8.00 legal services fee that will be added back to my tuition bill.

Current fee schedule:

Consultation with an attorney for civil or criminal issue: \$25.00
Representation in a criminal case: \$100 - \$500 at attorney's discretion
Representation in civil case: not eligible

- 4) I understand, for future reference, that I cannot waive the CSLS fee or re-enroll after the three week deadline.

Signature

Ohio University PID

Email address

Deadlines for 2012

Winter Quarter: January 24, 2012

Spring Quarter: April 16, 2012

Summer Session: July 6, 2012