

Client Name: \_\_\_\_\_

File Number: \_\_\_\_\_

[Original to case file, Copy to Client, Copy to Accounting]



## Legal Services of Southern Piedmont **REPRESENTATION AGREEMENT**

Rev. 10/15/13

I authorize Legal Services of Southern Piedmont (LSSP) to assist me in the following matter:

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**LSSP agrees** to investigate and advise me about my case. If the investigation shows that a lawsuit or an appeal is necessary, LSSP will decide if it will represent me and I will decide if I want LSSP to represent me. If I receive an unfavorable decision I will be responsible for filing, myself, an appeal to protect my right to appeal unless LSSP agrees to represent me and to file the appeal for me. LSSP may attempt to negotiate a settlement of my case but LSSP will not agree to a settlement unless I know and agree to the actual terms of the agreement.

**LSSP agrees** to represent me in the matter listed above only. I will ask LSSP to make a new agreement if I want LSSP to represent me in any other matter.

**No Guarantee.** LSSP staff and volunteers will make their best efforts to assist me but cannot guarantee any specific result in my case.

**I agree:**

- Everything I told LSSP about myself and my case is true and complete as far as I know.
- I will keep LSSP informed of my mailing address and telephone number and will tell LSSP if the facts of my case or my income change while LSSP is representing me.
- I won't talk to the other side or their lawyer and will call LSSP right away if they talk to me. I will call LSSP right away if I am notified of any court or agency hearing in my case.
- I can tell LSSP to stop representing me whenever I want. LSSP can stop representing me for a good reason, after telling me and hearing my side. Some good reasons would be if I didn't tell the truth about my income or my case, if I don't cooperate, if my case no longer has merit, if LSSP cannot find me, or if I make too much money.

**Contact Information:** LSSP can be contacted as follows:

1431 Elizabeth Avenue, Charlotte, NC 28204

Client Service Line: 704-376-1600

Spanish Language Line: 800-247-1931

Fax: 704-376-8627

Website: [www.lssp.org](http://www.lssp.org)

**Fees and Expenses:**

- I agree to pay LSSP a non-refundable fee of \$ \_\_\_\_\_ for the services described in this agreement.
  - \_\_\_\_\_ has been paid at the time this agreement is signed.
  - \_\_\_\_\_ will be paid as follows: \_\_\_\_\_
  
- I agree to pay LSSP a fee as specified in the attached Fee Agreement.
  
- I agree to pay costs and expenses such as court fees whether my case is won or lost unless we can get the other side to pay. I will reimburse LSSP for any expenses that LSSP pays in this case. Costs and expenses in this case may include: \_\_\_\_\_
  - I agree to pay \_\_\_\_\_ now.
  - I will pay LSSP for any additional expenses at the end of my case.
  
- LSSP may ask the court or my opponent for an award of attorneys' fees for its work in this case. I agree that I will pay any award of attorneys' fees that is made in the case to LSSP.

## Client Information

**Legal Services of Southern Piedmont** (LSSP) is a not-for-profit community agency that provides legal assistance in civil matters to low-income people in North Carolina. My main representative may be an attorney or paralegal employed by LSSP, or a volunteer private attorney, paralegal or law student.

**Confidentiality.** Any information I give to LSSP is confidential and may not be released without my permission. LSSP may reveal confidential information as necessary to represent me. A state law requires any person who has cause to suspect that a child is abused, neglected or dependent to report certain information about the case to the Department of Social Services. LSSP may report such information as required by law.

**My File.** LSSP will return my papers to me at the end of my case if I ask for them. If I do not ask for my papers, LSSP will keep my file for five years, after which it may dispose of my file.

**Nondiscrimination.** LSSP will not discriminate against me on the basis of sex, race, national origin, religion, age, disability, marital status, sexual orientation or other basis prohibited by law.

**Grievance Procedure.** I can complain if I don't like the work being done on my case or if LSSP tells me it will stop representing me. If I want to complain, I can ask my representative to explain the grievance procedure to me or to provide me with a grievance form.

I have read or heard the terms of this agreement, understand them and agree to them. I have been given a copy of this agreement to keep.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date