**ADVICE & BRIEF SERVICES AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that CGLA has only agreed to provide me with limited legal services, as noted below. I understand that all advice and services provided by CGLA will be based on the information I have provided to CGLA, unless CGLA staff agree to perform additional investigation on my behalf, as noted below. I understand that CGLA is offering me limited services in my family law matter and that neither CGLA nor the volunteer will represent me in court. I understand that CGLA and the volunteer cannot guarantee any particular outcome regarding what will happen with my family law case. I understand that if Cabrini Green Legal Aid decides to represent me in court, I will need to sign a separate representation agreement.

I understand that CGLA has agreed to the following:

|  |
| --- |
| \_\_\_\_\_ CGLA is closing my file at the end of this appointment. I have received legal advice about my situation and no further services are promised. If at a later date I want further assistance from CGLA I will contact them, though I understand assistance is not guaranteed.  |
|  \_\_\_\_\_ CGLA has agreed to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following phone number and/or address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the purpose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
|  \_\_\_\_\_ CGLA will mail my signed short-term guardianship appointment form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or contact that person by phone at the following number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). |
|  \_\_\_\_\_ CGLA will contact DCFS to obtain an update about my case. Specifically, the will attempt to discover \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give them permission to contact \_\_\_\_\_\_\_\_\_\_\_\_ and have signed an authorization form.  |
|  \_\_\_\_\_ CGLA will draft the following paperwork for me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They will complete the paperwork and return it to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).  |
|  \_\_\_\_\_ CGLA will present my case for potential legal representation concerning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at an intake meeting by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I understand that my case must be voted upon. I will be notified of the decision within two weeks of the intake meeting.  |
|  \_\_\_\_\_ CGLA has agreed to the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

I have reviewed the above information and I understand the limits of the legal services that CGLA’s Family Law Program staff and/or volunteers will provide to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature Date CGLA Representative Signature Date

**FOR OFFICE USE ONLY**

Information Provided:

Legal Social Connection

Economic Behavioral Health

Housing Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_