

**Middle District of Florida Bankruptcy Pro Se Assistance Clinic  
Agreement for Limited Legal Advice**

This is an agreement between the Middle District of Florida Bankruptcy Pro Se Assistance Clinic (Clinic), Central Florida Bankruptcy Law Association (CFBLA) and the Bankruptcy Law Committee of the Orange County Bar Association (OCBA) the volunteer attorney who is assisting you today, and you. It contains the basic terms of our agreement to provide you with limited legal advice and assistance so that you can better represent yourself in a bankruptcy case.

**Scope of Legal Advice:** You have asked us to provide legal advice. We will assist you by providing you with limited advice and information regarding a bankruptcy matter. We have not agreed to represent you by, for example, filing in the forms for you, verifying the information you have input into the forms, going to a hearing or trial with you, preparing your case for trial or providing any legal help other than the assistance provided in this interview.

**Duration of Legal Help:** OUR AGREEMENT TO ADVISE YOU BEGINS IMMEDIATELY AND WILL END AT THE COMPLETION OF OUR INTERVIEW TODAY.

**Cooperation:** To advise you effectively, we need your complete cooperation. You agree to honestly and fully answer any questions we ask you regarding your case.

**Attorney's Fees:** The services provided by the Middle District of Florida Bankruptcy Pro Se Assistance Clinic are free. We will not charge you any fees for the assistance you will receive today.

**Filing Fees:** There are fees for filing a bankruptcy case. We will not pay any fees associated with your case. You are responsible for all fees.

**Declining to Advise:** We may decline to give you advice today if we have a conflict of interest, your legal problems are beyond the scope of this program, or for any other reason set forth in the Florida Rules of Professional Conduct. In this event, we will make every attempt to refer you to the appropriate agency to help you.

**Prohibited Conduct:** We are not permitted to refer you to specific attorneys or firms to represent you in connection with your legal matters. If we determine that you are in need of additional legal representation in connection with the matters discussed during your interview, we will refer you to resources that may aid you in securing further legal assistance.

**Consent, Conflict Waiver Agreement and Malpractice Waiver Agreement:** I, the person signing below, understand and agree that the Clinic attorneys, CFBLA and OCBA may have provided assistance in the past, or may provide legal assistance in the future, to persons who have interests opposing my own. I also understand that there is no expectation that the assistance of the Clinic attorneys, CFBLA and OCBA will continue beyond this consultation. I understand that I may receive advice today but that I may also need to hire a private attorney. I further understand that by obtaining the advice by the Clinic attorneys, I waive any and all claims I may have against the Clinic attorneys, the Middle District of Florida Bankruptcy Pro Se Assistance Clinic, CFBLA and OCBA arising or related to said advice. Finally, I consent to the Clinic contacting me, if necessary, to follow-up on the services I received today for quality control purposes.

I have had enough time to review this document, ask questions, and if I desire, consult with another attorney concerning this agreement. I am signing this document voluntarily with the full understanding that I am waiving any right I may have to claim that the Clinic attorneys cannot provide assistance to any such opposing persons because of a conflict of interest. Lastly, I fully understand that the Middle District of Florida Bankruptcy Pro Se Assistance Clinic is in no way affiliated or related to the United States Bankruptcy Court.

Pro Se Clinic Volunteer Attorney Name (print):

Your Name (please print clearly):

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Pro Se Clinic Volunteer Attorney Signature:

Your Signature:

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Today's Date:

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Your Email Address:

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