

ATLANTA VOLUNTEER LAWYERS FOUNDATION, INC.
SUITE 1750 NORTH TOWER
235 PEACHTREE STREET, N.E.
ATLANTA, GEORGIA 30303
(404) 521-0790

RETAINER AGREEMENT- DV Project

I, _____ (client's name) have asked for the assistance of a lawyer with my legal problem and understand that I will not be charged attorneys fees.

By making you a client, _____ (Attorney's name) from _____ (law firm name), an Atlanta Volunteer Lawyers Foundation volunteer, whose telephone number is _____, agrees to represent you in your Temporary Protective Order hearing in Fulton County Superior Court in Civil Action File No. _____. This is the full extent of the volunteer's representation: any appeal of this case, any contempt action related to this case, or assistance with any other matters must be separately reviewed by Atlanta Volunteer Lawyers Foundation. If an additional matter is accepted, a new Retainer Agreement must be signed and a different volunteer attorney may be assigned. The volunteer in this Temporary Protective Order case shall not handle any additional problems that you may incur during this representation, unless he or she so chooses. It is the responsibility of the client to contact Atlanta Legal Aid or Atlanta Volunteer Lawyers Foundation for assistance with regard to a new legal problem.

I understand and agree to the following:

1.

I agree that the information I gave to get an appointment with a Volunteer Attorney including my income, the number of people I live with and their income and/or information about my case is correct.

2.

Any information I give Atlanta Volunteer Lawyers Foundation and that I give to my attorney will be kept confidential unless I authorize the release of that information. If any of the information I have given changes, I agree to tell my attorney. My attorney may stop representing me if I do not cooperate, if my case has no legal basis, if my attorney and I disagree about the conduct of the case or if I become ineligible. Atlanta Volunteer Lawyers shall have the discretion not to refer me to another attorney if this representation terminates on either my choice or if the volunteer attorney withdraws from the representation.

3.

By qualifying for this program, I will not be asked to pay any legal fees to my attorney. I agree that my attorney has a right to ask for attorney's fees from an opposing party, and that my attorney need not give up the claim for attorney's fees to obtain a settlement. Should there be any attorney fees awarded, I agree that they may be retained by my attorney or by the Atlanta Volunteer Lawyers Foundation.

4.

I may be asked to pay for the costs of my representation. These costs include such things as filing fees, preparation costs (such as an appraisal) and deposition costs. If I cannot pay these costs, my attorney will try to get these waived on my behalf. If I pay these costs, my attorney will try to get these fees back from the other party as part of the settlement or verdict in my case, but I understand that there is no guarantee that these costs will be recovered. If my attorney or Atlanta Volunteer Lawyers Foundation pays these fees in advance for me, I agree to repay these costs. If I should receive any money in my case as part of the settlement or decision in my case, I agree that my attorney may deduct the amount of these costs from any recovery I am awarded.

5.

I agree to keep in contact with my attorney and let him/her know if I change my address or phone number. If I lose contact with my attorney for more than one month, then I agree that my attorney may withdraw from my case. I further agree that if I lose contact with my attorney for more than one year and my attorney cannot locate me after trying to do so, I agree to let my attorney keep in his/her escrow account any money I have left with my attorney or any money that someone has left for me.

6.

I agree that I will be responsible for assisting in the preparation of my case, locating witnesses, documents, physical evidence, cooperating with discovery requests and keeping all the necessary records. I will keep all appointments with my attorney and attend all required meetings and hearings.

7.

I understand that if my attorney determines that he or she has a Conflict of Interest, for example he or she represents or has represented my opposing party, then it is the attorney's ethical obligation to withdraw from representing me. If this occurs, my file will be returned to Atlanta Volunteer Lawyers Foundation and it will be my responsibility to contact Atlanta Volunteer Lawyers Foundation at (404) 521-0790 within three days of the notice from my attorney if I want someone else to represent me.

8.

I understand that if I am unhappy with the services of my attorney, I must first make this known to my attorney. If I am still not satisfied, then I may contact Dawn Smith, Deputy Director of Atlanta Volunteer Lawyers Foundation at (404) 521-0790. If I am still not satisfied, I may make a complaint to Martin Ellin, the Executive Director, in writing. I may ask for assistance with writing if I need it. If I am still not satisfied, I may ask for a grievance hearing in front of a panel of the Board of Directors. I have the right to terminate or end my legal representation. I understand that the Volunteer may terminate his or her representation for any of the above stated reasons and the volunteer will inform me and Atlanta Volunteer Lawyers Foundation of the reason for termination of services.

9.

I understand that my attorney has volunteered his or her time to assist me. I will respect their time and commitment to me and I shall not misuse his or her services. I will participate and assist in the determination of my representation and in key decisions of my representation.

10.

I understand that the staff of Atlanta Volunteer Lawyers Foundation may continue to be involved in my case including, but not limited to: interviewing me; reviewing my intake sheet; sending follow-up forms to the volunteer regarding the status of my case; assisting with problems with the case or providing back-up in the form of legal assistance or advice if requested by the volunteer attorney.

This _____ day of _____, 20__.

Client

Volunteer Attorney
Licensed to Practice Law in the State of Georgia

Georgia Bar Number