



Idaho Volunteer Lawyers Program
 P.O. Box 895
 Boise, ID 83701
 (208) 334-4510
 1-800-221-3295

RETAINER AGREEMENT

Client: _____ Date: _____

You have been found eligible for the Idaho Volunteer Lawyers Program and your _____ case has been referred to the following volunteer attorney, who will represent you **on this matter only:**

Attorney: _____
 Phone: _____

1. I agree to cooperate fully with the IVLP and my volunteer attorney and to provide all information known by or available to me which may aid the volunteer attorney in representing me.
2. I understand that the volunteer attorney through the IVLP will represent me diligently but makes no promise or representations as to the success of those efforts. The IVLP may terminate representation if: (a) IVLP and/or the volunteer attorney believes further action is not justified on my behalf; (b) I do not cooperate with IVLP or the volunteer attorney; or (c) I become ineligible for IVLP services.
3. I understand that I am responsible to any filing fees and out-of-pocket costs associated with my case.
4. I understand that it is my obligation to notify my attorney and the IVLP office if I move, change phone numbers or if I decide not to pursue my case.
5. I agree that if I have a change in my financial situation, such that I would now be able to afford an attorney, and if the attorney and I agree that compensation for the attorney is appropriate, then such an arrangement may be made privately between the attorney and myself. Nothing in this agreement obligates such an arrangement, however, and, at this time, I am not obligated to pay attorney fees. I understand I must notify the attorney and the IVLP immediately should such a change in income occur.
6. This eligibility agreement does not cover any appeal. The IVLP and the volunteer attorney will decide whether to represent me on an appeal.
7. I understand that there may be time when the IVLP must disclose certain information to its funding sources, such as my name and address (unless protected by court order or statute), the nature and disposition of my case, the name and address of the opposing party, retainer agreement, financial records, and eligibility records. The IVLP has advised me of the types of information that are subject to disclosure.
8. I understand that the IVLP and volunteer attorney will terminate representation at the conclusion of the Protective Order Hearing and will not continue for any future family law matters.

Client Signature Date _____

Attorney Signature Date _____

(Attorney keep the original, client keep one copy, return additional copy to IVLP.)

Case No.: _____