

Colorado Bar Association Federal Pro Se Clinic
Located at the U.S. District Court for the District of Colorado
901 19th Street., Denver, CO 80294

LIMITED SCOPE LEGAL SERVICE AGREEMENT

This Agreement confirms the scope and terms of assistance provided by Colorado Bar Association (“CBA”) at this Federal Pro Se Clinic (the “Clinic”). The phrase “CBA attorneys” or any variation of that term includes staff attorneys, volunteer attorneys, and other volunteers for the CBA.

- I. I, _____ (Client Name), give my permission to CBA attorneys to assist me at the Clinic under the terms of this Agreement. I understand that any information that I provide to the Clinic will be maintained in a case management database and consent and waive confidentiality for Colorado Bar Association and Denver Bar Association personnel to access my information. I further understand that, in general, everything I tell the CBA staff, is and will be confidential.
- II. I understand that the scope of CBA’s assistance is limited by the following terms:
- a. **LIMITED PURPOSE:** I understand and agree that CBA’s assistance is limited solely to this Clinic and that CBA will not represent me in any future matter in any way without an express and separate agreement.
 - b. **LIMITED ASSISTANCE:** I understand and agree that CBA will provide **limited scope** legal information, advice and counsel to me regarding navigating the federal court system. CBA will also provide information and advice on formulating legal claims that I have identified. (See number III, below, a checklist of tasks that CBA will do and tasks that CBA will not do and I must do myself.) **I remain a self-represented litigant and responsible for all aspects of my case. The CBA attorney is not my attorney.**
 - c. **RELEVANT FACTS:** I understand that as CBA assists with preparing my case, CBA can only counsel me based on the information that I provide to the attorney. The CBA attorney will not do an independent investigation into the facts of my case. I am solely responsible for providing the CBA attorney all the relevant facts.
 - d. **SUBSEQUENT APPOINTMENTS:** I understand that the I may request but may not receive any subsequent appointments to review and comment on my pleadings and motions that I have drafted myself as a self-represented litigant, and/or to explain court orders, pleadings and motions.
 - e. **NO APPEARANCE:** I understand and agree that, in the event that I have filed or later file a complaint, or if I am a defendant in any action, the CBA will not enter an appearance or otherwise represent me before any court, mediation, settlement conference, administrative agency, or other proceeding.

III. I understand that as a **self-represented** litigant I remain responsible for all aspects of my case, including but not limited to the Tasks below:

Task	Attorney To Do	Date Completed by Attorney	Client To Do
Counsel on procedure	X		
Counsel on drafting documents	X		
Filing and having documents served			X
Conducting factual investigation			X
Drafting pleadings and motions			X
Drafting correspondence			X
Tracking case deadlines			X
Drafting discovery requests			X
Responding to discovery requests			X
Taking and defending depositions			X
Settlement negotiations			X
Preparing or coordinating subpoenas			X
Coordinating and preparing witnesses			X
All court appearances			X
Attend mediation			X
Formulating strategy and tactics			X

IV. I understand that the CBA attorneys can stop assisting me at any time for any reason.

V. I understand that my participation is entirely voluntary, I further understand that I am free to stop using the attorneys and service provided by the Clinic at any time. However, if I discharge the attorney, CBA will not provide another attorney or continue working on my matter.

VI. I understand that the CBA provides this Federal Pro Se Clinic free of charge and that I do not have to pay the CBA or CBA attorneys for their legal services.

I understand and agree to the terms set forth above.

Client Signature _____

Client Printed Name _____ Date _____

Attorney Signature _____

Attorney Printed Name _____ Date _____

