

**Colorado Bar Association Federal Pro Se Clinic**

Alfred A. Arraj Courthouse  
901 19<sup>th</sup> 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 CBA attorneys, volunteer attorneys, and law students authorized to provide legal services under D.C.COLO.LAttyR 14.

- I. I, \_\_\_\_\_ (Litigant Name), give my permission to the CBA, including CBA attorneys and staff, to assist me at the Clinic under the terms of this Agreement. I understand that any information that I provide to the CBA will be maintained in a non-public case management database and consent and waive confidentiality for CBA and Denver Bar Association personnel to access my information. I further understand that, in general, everything I tell the CBA attorneys and 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 of the relevant facts.
  - d. **SUBSEQUENT APPOINTMENTS:** I understand that I may request but am not guaranteed 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. I understand that I am responsible for and must meet all deadlines in my case, regardless of whether I am able to have an appointment at the Clinic. I also understand that I will not be able to have more than one appointment on the same topic or question, and may not be able to have more than one appointment every three weeks.
  - 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 party 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:

<b>Task</b>	<b>Attorney To-Do</b>	<b>Client To-Do</b>
Counsel on procedure, orders and rules	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
Reading and following Court rules and judge's practice standards		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.

VII. This Agreement may be signed in counterparts, which together will be one agreement. A facsimile signature will have the same effect as an original signature for all purposes.

I understand and agree to the terms set forth above.

Litigant Signature \_\_\_\_\_ Date \_\_\_\_\_

Litigant Printed Name \_\_\_\_\_

CBA Authorized Representative Signature \_\_\_\_\_

CBA Authorized Representative Printed Name \_\_\_\_\_

