

Arapahoe County Bar Association
Virtual Family Law Pro Se Clinic

First Name:

Last Name:

Email:

Phone number:

How do you prefer to meet with a volunteer attorney? (Check all that apply)

Virtual meeting (i.e. Zoom)

Phone call

What times are you available? (Check all that apply)

Morning Midday Afternoon Evening

Monday

Tuesday

Wednesday

Thursday

Friday

Please provide a brief description of your legal problem:

Arapahoe County Bar Association
Virtual Family Law Pro Se Clinic
UNDERSTANDING, WAIVER AND RELEASE

Case Number, if any:

I (name stated above) understand the following as it relates to the Arapahoe County Bar Association (ACBA) Virtual Family Law Pro Se Clinic (check all that apply):

- I will receive general legal information regarding my legal issue from a volunteer attorney over a phone, Zoom, Google Voice or another virtual platform. This does not create an ongoing attorney-client relationship. The appointment shall be scheduled for 20 minutes. After that time, the volunteer attorney may choose to end the appointment
- If I consult with an attorney through the ACBA Virtual Family Law Pro Se Clinic, I understand that he/she is a volunteer and is not associated with any court and is acting solely on his/her behalf.
- The volunteer attorney has agreed to provide me with general legal information only.
- The volunteer attorney is not “my attorney” for any matter I may present to the volunteer attorney and will NOT represent me or take any action on my behalf after this consultation.
- The volunteer attorney will not be filing any documents for me or on my behalf.
- The information I provide the volunteer attorney will be kept confidential.
- I will NOT call the volunteer attorney as a witness in any proceeding.
- The volunteer attorney cannot predict the outcome of my legal issues and cannot guarantee a successful end to my case or legal issues.
- I am NOT currently represented by an attorney in the current issue discussed with the volunteer attorney.
- Regarding the scheduled meeting, I will answer the phone call/Google Voice chat/Zoom conference from the volunteer attorney. I understand that if I do not answer/log-in I may not be able to reschedule my appointment with the volunteer attorney. The decision to reschedule will rest solely with the volunteer attorney.

By submitting this form, I affirm that I have read, understand, and agree to this **Understanding, Waiver, and Release.**

Signature/Full Name

Date:

*Save this form and email to Pro Se Clinic Committee Chair
Virginia Robbins at robbinslawfirmllc@gmail.com*
