

## Community Legal Clinic

### RETAINER Legal Services

I, \_\_\_\_\_, give Community Legal Clinic instructions to act for me in

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#### LAW STUDENTS

I understand and accept that Law Students at Community Legal Clinic may work on my file under the supervision of Staff Lawyers, and provide services to me.

#### SOCIAL WORK SERVICES

I understand and accept that the Staff Social Worker and Social Work Students under her supervision may also be consulted on my behalf with a view to providing services to me.

#### PAYMENT

- I will not have to pay for your services.
- I am expected to pay back any money you have to spend to work on my case. At the end of work, I can discuss with you any problems I may have in paying this money.
- Any money you receive on my behalf can be held in your Trust Account. This money can be used to repay you for money you have spent working on my case, after you have told me what the expenses are.
- If a court orders me to pay money for cost to the other party in this case. I can ask the provincial legal aid funder to give me money for some or all of that payment. Community Legal Clinic will help me make this request.

#### FINANCIAL ELIGIBILITY

I have read, and you have explained to me, Community Legal Clinic's financial eligibility criteria. I meet the financial eligibility criteria. I will inform you of any changes in my financial status. I agree that my statistical and financial information can be given to the provincial legal aid funder.

#### CONFIDENTIALITY

Information you receive about me while working on my case will be kept confidential within Community Legal Clinic. If you need to use some information to act for me in this case, I give you permission to use it for that reason only, unless I have already told you not to do so.

#### COMPLAINTS

I understand that you have a written complaints procedure, which I may use if I am unhappy with your services. This procedure is available to me if I ask for it.

#### END OF RETAINER

I understand that this retainer will end:

- When the services described at the beginning of this retainer are complete;
- If I do not contact you to give you updated information or instructions about my case;
- If I tell you to do something that you cannot do, ethically, as a lawyer;
- If I instruct you to discontinue the services covered by this retainer; or
- At my death.

#### UNDERSTANDING THIS RETAINER

I have read this retainer (or it has been read to me) and a copy of this retainer has been given to me.

A staff member of Community Legal Clinic has explained the contents of this retainer to me and I understand it. I agree with the contents of this retainer.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Client

Date \_\_\_\_\_