

**COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC., (“CCLA”) CONSENT
AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS
 (“NOTICE”)**

Please place your initials in the spaces provided to acknowledge you have read and that you understand the following disclosures.

- 1. Electronic Signature Agreement.** I understand that by checking the “I Accept” box at the end of this page that I am agreeing to electronically signing all documents relating to my legal issue and for which I have engaged Coast to Coast Legal Aid of South Florida. I agree and understand that my electronic signature is the legal equivalent of my manual signature on documents, and I consent to be legally bound by this Notice, the subsequent terms and conditions and any attached documents. I further agree that my use of a keypad, mouse or other device used to agree, acknowledge and consent to the terms, disclosures or conditions, constitutes my signature (hereafter referred to as "E-Signature") as if actually signed by me in writing.
- 2. Electronic Signature Agreement cont.** I also agree that no other certification or third-party verification is necessary to validate my E-Signature and that the lack of such certification or third-party verification will not in any way affect the enforceability of my E-Signature or any resulting agreement between myself and CCLA.
- 3. Consent to Electronic Delivery.** I specifically agree to receive and/or obtain any and all CCLA related "Electronic Communications". The term "Electronic Communications" includes, but is not limited to, any and all current and future notices, retainers as well as such other documents, statements, third party authorization forms, records and any other communications regarding my file with CCLA.
- 4. Paper version of Electronic Communications.** To request a paper copy of the Electronic Communication you may contact us at 954-736-2400. If you do not wish to sign these documents electronically contact us at the number provided and let the intake paralegal know that you wish to sign the documents in ink.
- 5. Revocation of Electronic Delivery.** You have the right to withdraw your consent to receive/obtain Electronic Communications from CCLA.
- 6. Revocation of Electronic Signature.** You have the right to revoke your consent to the use of your electronic signature. Revocation must be made in writing.
- 7.** I agree to CCLA’s use of electronic translation/interpretation to assist me with my case, including, but not limited to communications between me and CCLA (letters and emails) and evidence to be used for my case. CCLA may send words through a translation program to translate them for me. Translations of any materials into languages other than English are intended solely as a convenience to me. CCLA may attempt to provide an accurate translation of the original material in English, but due to the nuances in translating to a foreign language, I understand that slight differences may exist. If any questions arise concerning the accuracy of the information presented by the translated version, I should refer to the English version, which I understand is the official version. As much as possible, CCLA will not send any personally identifiable information (name, email address, address, phone number) through such programs.

To accept and sign the attached document(s), and any future documents, indicate your consent to the terms and conditions of this Agreement by checking the "I Accept" box.

I Accept

It is recommended that you print a copy of this Agreement for future reference.



U.S. CITIZENSHIP ATTESTATION FORM

I am a citizen of the United States.

Yo soy ciudadano de los Estados Unidos de America.

Mwen se yon sitwayen ameriken.

Client Signature/Firma de cliente/ Siyati Kliyan

Dated/Fecha/Dat:



- Coast to Coast Legal Aid of South Florida, Inc. (CCLA) advised me of agencies handling grievances regarding discrimination in the delivery of services to individuals with disabilities or limited English proficiency, including:

<p><i>US Department of Justice Civil Rights Division 950 Pennsylvania Avenue, NW Disability Rights Section - NYAV Washington, D.C. 20530-0001 (855) 856-1247 (800) 514-0716 (TTY)</i></p>	<p><i>US Equal Employment Opportunity Commission 131 M Street, NE Washington, D.C. 20507 (202) 663-4900 (202) 663-4494 (TTY)</i></p>
<p><i>The US Department of Health & Human Services Office for Civil Rights Southeast Region Sam Nunn Atlanta Federal Center, Suite 16T70 61 Forsyth Street, SW Atlanta, GA 30303-8909 (800) 368-1019 (800) 537-7697 (TTY)</i></p>	<p><i>Florida Department of Children & Families Office of Civil Rights 1317 Winewood Boulevard, Building 1, Room 140 Tallahassee, FL 32399-0700 (850) 487-1901 (850) 921-9220 (TTY)</i></p>

- CCLA advised me they have a Courtesy Policy and a Client Rights and Responsibilities Policy and will provide me with a copy of a policy if I request it.
- CCLA provided me with notice of their Grievance Policy and how to file a grievance.
- CCLA advised me that although there is no charge for their legal services, CCLA gratefully accepts donations. If I would like to donate, I may make a check payable to Coast to Coast Legal Aid of South Florida. I will not be denied services or discriminated against in any manner if I decide not to donate to CCLA.
- Coast to Coast Legal Aid of South Florida, Inc. offers services to low income residents of Broward County, regardless of race, color, national origin, religion, sex, disability or age. The staff is committed to providing a welcoming, quiet, safe environment in which to utilize CCLA services.
- Coast to Coast Legal Aid of South Florida is an equal opportunity provider and employer. In accordance with federal law and U.S. Department of Justice policy, this organization is prohibited from discriminating on the basis of race, color, national origin, religion, sex, age, or disability. To file a complaint of discrimination, contact or write Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice, 810 7th Street, NW, Washington, DC 20531 or call 202-307-0690 {Voice} or 202-307-2027 {TDD/TYY}. Individuals who are hearing impaired or have speech disabilities may also contact OCR through the Federal Relay Service at 800-877-8339 (TTY) or 877-877-8982 (Speech), or 800-845-6136 (Spanish). Or contact the Department of Legal Affairs, PL-01 The Capitol, Tallahassee, Florida, 32399, or call 850-414-3300.

Acknowledge receipt:

Signature

Date

Oct 2024/VOCA/ADRC



LEGAL CHECK-UP

NAME: _____

SAFE PHONE# TO CONTACT YOU: _____

PLEASE CHECK **YES OR NO** AFTER READING EACH QUESTION. YOU MAY DESCRIBE ISSUES IN DETAIL ON THE BACK OF THE PAGE IF NECESSARY

FAMILY LAW ISSUES: INTIMATE PARTNER VIOLENCE

<input type="checkbox"/>	Has your intimate partner physically harmed you, stalked you, or threatened to?
<input type="checkbox"/>	Do you feel you need a restraining order /injunction for protection to protect you from your intimate partner?
<input type="checkbox"/>	Are you having trouble with the other parent of your child regarding sharing time?
<input type="checkbox"/>	Do want to file for divorce?
<input type="checkbox"/>	Have you been served with a Petition for divorce or paternity?
<input type="checkbox"/>	Do you need help enforcing a current family law order such as an injunction for protection, child support, or time-sharing?
<input type="checkbox"/>	Do you need a referral for childcare?
<input type="checkbox"/>	Would you like a referral to a certified domestic violence center for counseling, safety planning and other services?

YES/NO

HOUSING ISSUES

<input type="checkbox"/>	Are you struggling or at risk of being unable to pay your mortgage payments, rent, condo or homeowner association payments, or to pay property taxes on your home?
<input type="checkbox"/>	Would you like information regarding loan modifications of your home mortgage or available assistance with such payments?
<input type="checkbox"/>	Do you need information about possibly terminating your lease early due to safety concerns?
<input type="checkbox"/>	Has your landlord sent you any written notices terminating your tenancy, or threatened to evict you?
<input type="checkbox"/>	Have you received a notice terminating your subsidized housing?
<input type="checkbox"/>	Have you received a notice from a condominium association that your landlord is not paying condominium fees?
<input type="checkbox"/>	Has your landlord turned off your utilities or locked you out of your home?
<input type="checkbox"/>	Is your rental home in very bad condition (i.e. no water, no air conditioning, excessive mold)?
<input type="checkbox"/>	Do you need assistance with Utilities Shut Off (FPL/Water/Gas)?
<input type="checkbox"/>	Would you like to be informed via email or US Mail about public housing waitlists as they become available?

YES/NO

IMMIGRATION

YES/NO

<input type="checkbox"/>	Are you a victim of violence who needs assistance with your immigration status?
<input type="checkbox"/>	Are you a lawful permanent resident who is interested in becoming a U.S. citizen?

BENEFITS/HEALTH

YES/NO

<input type="checkbox"/>	Did you recently become unemployed and/or apply for unemployment compensation benefits?
<input type="checkbox"/>	Do you have a disability for which you believe you are entitled to public benefits?
<input type="checkbox"/>	Do you need assistance with Food Stamps?
<input type="checkbox"/>	Do you need assistance with Medicaid/Medicare?
<input type="checkbox"/>	Do you need assistance with SSI/Social Security Disability?
<input type="checkbox"/>	Do you need assistance with TANF/Cash Assistance?
<input type="checkbox"/>	Do you have health insurance?
<input type="checkbox"/>	Do you need health insurance?

OTHER ISSUES

YES/NO

<input type="checkbox"/>	Do you need access to food?
<input type="checkbox"/>	Do you need access to clothing?
<input type="checkbox"/>	Do you need access to GED/Training/Technical Training/College/Certificate Courses?
<input type="checkbox"/>	Is your child having any of the following problems in school: behavior, suspensions/expulsions, academic, in need of special services or special education?
<input type="checkbox"/>	Do you need to apply for a driver's license or has your license been suspended?
<input type="checkbox"/>	Do you have a Federal Income Tax problem with the IRS?
<input type="checkbox"/>	Do you have a criminal case that you would like expunged from your record?
<input type="checkbox"/>	Do you need a correction made to your credit report to remove wrongfully reported debt?
<input type="checkbox"/>	Do you need any FEMA assistance related to recent hurricanes?

Signature _____

Date _____

CLIENTS

GRIEVANCE PROCEDURE

The following grievance procedure has been established to provide a remedy for clients who are dissatisfied with the services they received from Coast to Coast Legal Aid of South Florida, Inc. (CCLA).

Complaint for Dissatisfaction With Service - Clients

When your case is accepted for legal assistance, CCLA will provide you with notice of this complaint procedure.

Step One: If you are dissatisfied with the services received from CCLA, you may file a complaint stating the reasons. Your complaint will be reviewed by another attorney and/or supervising attorney. A decision will be made and you will be notified of the decision.

Step Two: If after Step One you are still dissatisfied with the explanation of the service provided by CCLA, you may request an escalated review by a CCLA Unit Director. A decision will be made and you will be notified of the decision.

Step Three: If after Step Two you are still dissatisfied with the explanation of the service provided by CCLA, you may request an escalated review by the Director of Operations & Management or Director of Programs & Compliance. A decision will be made and you will be notified of the decision.

Step Four: If after Step Three you are still dissatisfied with the explanation of the service provided by CCLA, you may appeal the decision to the Executive Director. A decision will be made and you will be notified of the decision.

Step Five: If the Executive Director is unable to satisfactorily resolve your complaint, then your complaint with a written summary of action already taken by CCLA, shall be referred to the Grievance/Eligibility Committee of the Board of Directors for final action. You may submit an oral or written statement to a Grievance/Eligibility committee. An oral statement may be accomplished in person, by teleconference, or through some other reasonable alternative. Upon your request, CCLA shall transcribe a brief written statement, dictated by you for inclusion in CCLA's complaint file. You are also permitted to be accompanied by another person who may speak on your behalf. A final decision shall be rendered Grievance/Eligibility Committee and you will be notified of the decision.

If requested, a staff person not involved in the complaint, shall be assigned to assist you in writing the complaint.



ACKNOWLEDGMENT OF VICTIM COMPENSATION SERVICES

I, _____, hereby acknowledge that I have applied to and/or retained COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC., and any attorneys associated with them, to evaluate my case for representation, to advise me, and/or represent me for a legal matter related to my victimization.

I have been fully advised by COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC. that assistance is available to me in filing a claim for victim compensation with the Office of the Attorney General of the State of Florida. Such assistance may include assistance in completing forms and gathering reports and information. **A brochure has been provided to me.**

I understand that I must meet certain requirements to be eligible for victim compensation through the State of Florida.

Signature

Date

Printed Name

Date

Staff Member Signature

Date

Staff Member Printed Name
for Coast to Coast Legal Aid of South Florida, Inc.

Date



APPLICANTS FOR FAMILY LAW SERVICES MUST FIRST ANSWER THESE QUESTIONS ABOUT THE NEW OR ONGOING FAMILY LAW MATTER:

NAME: _____ DATE: _____

1. Are you the victim of domestic/dating/stalking or intimate partner violence? YES NO

2. If so, what is your relationship to the person who committed the violence or crime against you?

3. Are you the victim of any other crime? YES NO

4. If yes, please explain: _____

5. Do you need one, or do you already have a restraining order/injunction for protection to protect you from the opposing party? YES NO

6. If yes, please explain: _____

7. Do you want legal representation for an upcoming hearing on Injunction/Restraining Order?

YES NO

8. If yes, did you file for the Injunction? YES NO, I am the Respondent

9. Has the opposing party physically harmed you, stalked you, or threatened to harm you?

YES NO

10. Have you been served with family law legal papers? YES NO

11. If yes, what is the type of action were you served with?

DIVORCE PATERNITY INJUNCTION

12. Is this a new case, or has it been going on for a while? NEW ONGOING

13. If you weren't served yet, what type of action do you want to file?

DIVORCE PATERNITY INJUNCTION

Coast to Coast Legal Aid of South Florida, Inc. is an equal opportunity provider and employer.

COAST TO COAST LEGAL AID OF SOUTH FL, INC. APPLICATION FOR SERVICES

DATE: _____ HOW DID YOU HEAR ABOUT CCLA? _____

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ PREFERRED NAME: _____

SOCIAL SECURITY NUMBER: ____ ____ ____ ____ (last 4)

DATE OF BIRTH: ____ / ____ / _____ AGE: _____

PRIMARY LANGUAGE: ENGLISH SPANISH CREOLE RUSSIAN PORTUGUESE

OTHER (State language) _____

Do you need an interpreter? YES NO

ADDRESS: _____

Is this a SAFE address to contact you? YES NO

Is this address CONFIDENTIAL? YES NO

SAFE MAILING ADDRESS: _____

Is this a SAFE address to contact you? YES NO

EMAIL ADDRESS: _____

Is this a SAFE email address to contact you? YES NO

PHONE: _____ HOME: _____ CELL: _____

Are these SAFE phone numbers to call you? YES NO Is it safe to text you? YES NO

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

OF PEOPLE IN HOUSEHOLD: _____ # OF CHILDREN (UNDER 18): _____

DO YOU WORK? YES NO

Where do you work? _____

Who is the opposing person/company/agency involved in your legal issue? What is your relationship to the opposing person/company/agency? _____

Opposing person's DOB ____ / ____ / ____ ? (if known)

WHAT TYPE OF LEGAL ASSISTANCE DO YOU THINK YOU NEED?

Financial Exploitation

Immigration/Naturalization

Healthcare Issues

Foreclosure/Eviction

Credit Card Debt/Garnishment

Divorce/Custody/Paternity

Unemployment

SNAP (Food Stamps)

Medicaid

SSI/SSDI

Human Trafficking

Medicare

Enforcement of Civil Rights as a Victim in a Criminal Case

Injunction for Protection/Restraining order

Human Trafficking Expungement

CITIZENSHIP STATUS:

Citizen

Permanent Resident

Not a Citizen

Permanent Resident Card #: _____

Date of Issue: ____ / ____ / ____

Expiration Date: ____ / ____ / ____

Please select the option that best describes you:

Authorized for Employment

Immigrant

Refugee

Asylum Seeker

ASSETS: Check and complete all that apply. Include current balances.

CHECKING ACCT BALANCE \$ _____ SAVINGS ACCT BALANCE \$ _____

CAR/MOTORCYCLE \$ _____ LOAN BALANCE \$ _____

HOME VALUE \$ _____ MORTGAGE LOAN BALANCE \$ _____

JEWELRY VALUE \$ _____ OTHER REAL ESTATE BALANCE \$ _____

OTHER ASSETS VALUE \$ _____

Do you think your income will change significantly in the future?

YES

NO

If yes, explain: _____

TYPE OF INCOME	Amount	Frequency
Your GROSS salary or self-employment income (before taxes or deductions are taken out)		
Child Support		
Alimony		
Unemployment Compensation		
Workers' Compensation		
Social Security Retirement		
Social Security Disability		
Veteran's Benefits		
Pension		
SNAP (Food Stamps)		
TANF (Cash Assistance)		
Other Income (including ongoing (regular) contributions from family, friends, cash gifts)		
Other Household Members' GROSS Income		

HEALTHCARE: Do you have:

Health Insurance Medicaid Medicare

Hospital/Clinic Financial Assistance

When you are sick, where do you go for care?

Emergency Room/Hospital If so, which one? _____

My Doctor Urgent Care

Clinic/Family Health Center/Family Health Clinic

If so, which one? _____

If you do not have healthcare, would you like to speak with someone about healthcare options?

YES NO

DEMOGRAPHICS: This section is used for reporting purposes only.

Reports are presented with only demographic information and absolutely no client identifiers.
This information will not be used to determine your eligibility for services or the level of service you receive.

RACE: Black or African American White American Indian or Alaska Native
 Asian Native Hawaiian or Pacific Islander
 Unknown or Declined to Answer Other:

MULTIRACIAL: YES NO

MINORITY: Minority Not a Minority

ETHNICITY (Non-HUD): Hispanic or Latino Origin Not of Hispanic of Latino Origin
 Unknown or Declined to Answer

MARITAL STATUS: Married Divorced Separated
 Single Unknown Widowed

Are you a Holocaust survivor? YES NO

GENDER IDENTITY: *Check all that apply.*

Male Transgender M to F
Female Transgender F to M
Questioning Prefer Not to Answer
Gender Nonconforming Other

SEXUAL ORIENTATION: *Check all that apply.*

Heterosexual Lesbian Prefer not to say
Gay Transgender
Bisexual Other

DISABLED: YES NO

BLIND/VISUALLY IMPAIRED: YES NO

DEAF/HARD-OF-HEARING: YES NO

HIV+/AIDS: YES NO (If Yes, this may qualify you for additional services)

Prefer not to say

(If Yes, this may qualify you for additional services)

HOMELESS: YES NO

Is any member of your household a Veteran of the U.S. Military?	YES	NO
Are you a victim of domestic violence/stalking/dating violence/other violence?	YES	NO
Is your legal problem the result of a crime against someone in your household?	YES	NO
Are you the caregiver of a minor child that is not your biological child?	YES	NO
Are you the caregiver of a household member who is age 60 or older?	YES	NO
Are you the caregiver of a disabled adult or disabled minor child?	YES	NO
Are you Ryan White certified?	YES	NO

CCLA may be required to disclose certain information to its funding sources. The types of information currently subject to such disclosure are time records, eligibility records, the client's name, demographic information, and the general nature of the problem.

The information I have given on this application is TRUE AND CORRECT to the best of my knowledge.

Signature: _____ Date: _____



Family Law Questionnaire

YOU MUST ANSWER EVERY QUESTION COMPLETELY

Your Name: _____

Primary language _____ English Proficient? YES NO

Do you need an interpreter? YES NO

How did you find out about CCLA/Legal Aid? _____

Complete name of opposing party _____

Address of opposing party _____

Opposing party's date of birth ____ / ____ / ____ Opposing party's gender _____

Are you married to this person? YES NO

Date and location of marriage _____

Do you live together? YES NO

Date and location of separation, if any _____

Have you or the opposing party been represented by CCLA/Legal Aid before? YES NO

Have you received any legal papers? YES NO

If yes, what is the exact date you received them? ____ / ____ / ____

Has another attorney helped you with this? YES NO

What is the attorney's name? _____

Do you have any other family law/domestic violence/support cases now or in the past? YES NO

If yes, explain _____

Do you have other court cases, or do you expect a court case in the future? YES NO

If yes, explain _____

How many children under 18 live in your home? _____ Age(s) of Child(ren) _____

How many of these children were born of this relationship? _____

Were children born during this relationship that are not the opposing party's? YES NO

What is the name of the child(ren)'s other parent? _____

If not married, has a judge previously ordered that the opposing party is the parent of your child?

YES NO

Have you agreed on how to share time with the child(ren)? YES NO

If yes, explain _____

Has the other parent given you child support? YES NO

Voluntarily? YES NO Court ordered? YES NO

How much child support (\$) and frequency (weekly/monthly) _____

Do you currently have a business? YES NO

If yes, what type of business? _____

How much do you earn from that business? _____ per month year.

Does the opposing party own a business or did they ever own a business? YES NO

If yes, what type of business? _____

How much does the opposing party earn from that business? _____ per month year.

Do you pay for your own health insurance? YES NO \$_____ bi-weekly monthly

Do you pay for your child(ren)'s health insurance? YES NO \$_____ bi-weekly monthly

Do you pay day/aftercare for your child(ren)? YES NO \$_____ weekly bi-weekly monthly

Assets/Debts You OR Opposing Party Have

Real estate in Florida or anywhere in the world? YES NO

If yes, describe all property _____

Personal Property? (e.g., cars) _____

Retirement/Pension/401(k)? YES NO If yes, describe _____

Stocks/Bonds/Trusts? YES NO If yes, describe _____

Do either of you own anything else of value? YES NO

If yes, describe _____

Are there debts to divide? YES NO

If yes, describe _____

If you are married, will you be asking the court for alimony? YES NO

Please explain _____

Domestic/Dating/Sexual/Stalking Violence

Do you have an Injunction for Protection /Restraining Order against the opposing party? YES NO

If so, when is/was the final hearing? _____ / _____ / _____

If you do not have a restraining order, are you afraid of this person? YES NO

Do you need a restraining order? YES NO

If yes, do you believe that you are in immediate danger? YES NO

Have you been a victim of physical abuse, sexual abuse, threats to kill or harm, been stalked or a victim of any other crime by the opposing party? YES NO

Date when the most recent incident occurred _____ / _____ / _____

Explain what happened _____

Domestic/Dating/Sexual/Stalking Violence (Cont'd)

Were the police called? YES NO Were you injured? YES NO

Were there witnesses? YES NO Do you have any police report(s)? YES NO

Was anyone arrested? YES NO If yes, who _____

Were photographs or video taken? YES NO

Have you ever been arrested, charged with a crime, or detained by law enforcement, anytime, anywhere?

YES NO

If yes, explain _____

Is there, or has there ever been a restraining order against you? YES NO

If yes, explain _____

Has, or will anyone, accuse you of domestic violence? YES NO

If yes, explain _____

Has, or will anyone, accuse you of being a danger to yourself or others due to your mental state?

YES NO

Have you ever been Baker Acted? YES NO

If yes, explain _____

Does the opposing party abuse drugs or alcohol? YES NO

If yes, explain _____

Will you be accused of drug or alcohol abuse? YES NO

If yes, explain _____

Domestic/Dating/Sexual/Stalking Violence (Cont'd)

Explain what issues you anticipate that may be/will be in dispute for your family/divorce/paternity case?

You MUST provide SAFE Contact Information So We Can Reach You

Mailing Address _____

Does the opposing person know this address? YES NO

Is this address confidential? YES NO

Telephone number **SAFE** for us to call you and leave a message _____

Can we text you? YES NO

Does the opposing person know this number? YES NO

Email address _____

Does the opposing person know this email address? YES NO

Many times, the Court will request a mailing address and/or email address to send court documents directly to you.

If it is disclosed to the Court, the opposing party may also have access to this information.

May we disclose the above mailing address to the court? YES NO

May we disclose the above email address to the court? YES NO

If no, please create an email address for the purposes of court communications and provide it here:

You will be responsible for checking your email account(s) regularly.

If you do not provide a mailing address and/or email address, the Court may require your confidential address(es) to be disclosed. If you need information on the State of Florida's Address Confidentiality Program, please contact your advocate (Women in Distress, Law Enforcement, NJCC, State Attorney's Office) or let your attorney and paralegal know immediately.

I have answered all of the above questions thoroughly and truthfully. I may continue my answers on the back of the page or attach an additional page. I retain COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC. (CCLA) for the limited purpose of having them investigate whether they can provide me with representation or legal advice for the legal problem I am having. I fully understand that if CCLA determines it will not accept my case, the program will not act as my attorney regarding this matter. If CCLA does agree to accept my case, I will be notified of that fact, and will sign an additional Retainer Agreement.

Applicant Signature

Date

Applicant's Printed Name

Date



I, _____, have asked Coast to Coast Legal Aid of South Florida, Inc. (CCLA) for assistance regarding: Case No. if applicable: _____

I understand that CCLA may provide referral, legal advice, limited legal service, and/or extensive legal service on this matter. If CCLA accepts my case for representation, a CCLA attorney will sign this retainer. I understand CCLA will notify me if my matter is not accepted.

CCLA:

If the above issue is accepted for legal assistance, CCLA:

1. Agrees to treat Client with dignity, courtesy and respect and that all legal assistance will be provided within the guidelines of the Florida Rules of Professional Conduct.
2. Agrees that Client's matter will be kept in strict confidence, except that CCLA may be required to disclose Client's name and other confidential or non-confidential information to third parties who provide funds to CCLA. However, CCLA will not disclose individually identifiable health information protected by the Health Insurance Portability and Accountability Act ("HIPAA") without Client's express consent. The types of information currently subject to such disclosure are time records, eligibility records, Client's name, court case number, statement of facts, and the general nature of the problem. CCLA may also use Client's story, but change any names and/or identifying information.
3. Will notify Client and get Client's agreement to take any significant action regarding the case, such as initiating/filing a case, settling the case, or appearing before any administrative agency or court.
4. CCLA will open a file (electronic and/or paper) for Client and maintain a copy of Client's file for 7 years from the date of closing. CCLA will provide Client with a copy of the file upon request. CCLA will return any original documents provided to CCLA upon Client request, except when CCLA is required to maintain originals in their care and custody, for example, original bankruptcy documents.

CLIENT:

If Client's case is accepted, Client:

5. Agrees that the information given to CCLA to establish eligibility for services is true and correct at the time the matter is investigated and/or accepted for legal services. Client understands that CCLA may not continue providing services if information provided to CCLA when determining eligibility is incorrect, or if changes occur which make Client ineligible for services.

6. Agrees to:

- keep all appointments or promptly notify CCLA of the need to change an appointment;
- attend all court hearings;
- be truthful in giving information requested;
- provide all documents necessary for my case;
- tell CCLA if I no longer want to pursue my case/legal problem;
- promptly notify CCLA of any changes in my financial situation and understands that eligibility and representation may end if my household income or assets change;
- promptly notify CCLA of any changes in information about my case;
- promptly notify CCLA of any new developments in my case and any paperwork I receive;
- promptly notify CCLA of any change in address or telephone number, and whether the information is to remain confidential;
- refrain from abusive language and conduct towards CCLA staff.

7. Agrees not to discuss the case with the opposing party, or opposing attorney, without first obtaining permission from the CCLA attorney handling the case. Client agrees to immediately notify CCLA if contacted by the opposing party or opposing party's attorney.

8. Understands that a CCLA attorney, paralegal, volunteers, or interns supervised by a CCLA attorney, may represent or assist me. Client understands that CCLA may refer Client to a pro bono attorney to provide legal services to Client.

9. Understands CCLA will not charge Client for the attorney's work or any staff member's work, but that CCLA may, in some cases, be able to seek fees such as attorney's fees, sanctions, or cost reimbursement to be paid by another party which shall not reduce Client's award. Client agrees to allow CCLA to seek those fees paid by another party and, if awarded fees, CCLA may keep them.

10. Understands that in certain types of cases, CCLA may agree to pay certain litigation expenses, for Client's case. Client understands that Client may be responsible to pay fees and costs such as filing fees, mediation fees, and service fees. Client understands that even if CCLA pays those expenses, Client may be responsible for those fees, costs, and expenses, and agrees to repay CCLA for these expenses, if asked to do so. Client understands a Judge or Court may order Client to pay the opposing party attorney's fees and court costs. If ordered, Client may also be responsible to pay sanctions and other costs.

11. Understands, with regard to Injunction for Protection cases, Florida Statute §57.105 states that if the court finds by clear and convincing evidence that Client knowingly made a false statement or allegation in their Petition, attorney's fees may be awarded to the Respondent, and Client will be personally liable for these fees.

12. Understands that CCLA, as a condition of representation, may require Client to deposit rent, homeowner or condominium fees, or mortgage payments into our trust account while a case is pending or during settlement negotiations. Client further understands that CCLA may seek to withdraw from representation if Client does not comply with this condition.

13. Understands that Client may terminate this agreement anytime by telling the CCLA staff member handling the case, verbally or in writing, that Client no longer wants CCLA's assistance.

Client further understands that CCLA may terminate this agreement:

- if, at any time, Client's eligibility status changes,
- if CCLA is not able to communicate with Client,
- if Client does not maintain communication with CCLA and update CCLA with any changes in Client's contact information,
- if Client does not comply with this retainer agreement,
- upon Client's death,
- if Client is abusing drugs/alcohol,
- if Client violates a Court order, or
- for any other reason as permitted by the Florida Rules of Professional Conduct.

14. Understands that Client has the right to file a formal grievance or complaint with CCLA if Client feels she/he/they received ineffective assistance. Client acknowledges she/he/they have been provided a copy of the Grievance Procedure and understands a copy is also available upon request.

15. Understands that CCLA does not agree to help with any other matter not described herein or appeal this case to a higher court. CCLA will consider any other matter or appeal to be a new case. Another matter or appeal of this case will be reviewed for acceptance upon consideration of Client's continued eligibility for services, principles of law and fact involved in the appeal, merits of Client's particular case, office priorities, and program resources.

16. Other: _____

The information I have given in my application is TRUE AND CORRECT to the best of my knowledge. I have read the above retainer policies and agree to apply for legal services pursuant to the terms set out above and will abide by these terms if my case is accepted for legal assistance.

Date

Signature [Please Circle Relationship: Self/Parent/Guardian]

Date

CCLA Staff Member

THIS RETAINER AGREEMENT IS NOT EFFECTIVE UNLESS SIGNED BY AN AUTHORIZED CCLA ATTORNEY.

Florida Bar/Best August 2025