



UTAH LEGAL SERVICES

Committed to Equal Justice

TERMS OF CLINIC

This is a free legal clinic sponsored by Utah Legal Services (ULS). ULS is a nonprofit law firm that helps low income people with certain civil legal problems. **ULS has limited funding and cannot help everyone.** ULS has the right to deny help to any person.

I, _____, understand and agree to the following:
(Print name)

- ① The advocates at this clinic can only give me general information and advice about the court system and my problem. If the advocates do not know the laws related to my problem, they may not be able to give me any advice.
- ② **ULS is not representing me.** Receiving help at this clinic does not create an ongoing attorney-client relationship between me and ULS. I waive any conflicts of interest that may come up in the future. This means ULS may represent a party that opposes me in this or another case.
- ③ ULS may refer me to other agencies for help. ULS cannot guarantee that those agencies will be able to help me.

Signature: _____ Date: _____

Keep a copy of this agreement for yourself.

If you did not receive a copy, ask ULS to send a copy to you.

Ogden
298 24th St., #110
84401
801-394-9431
Fax: 801-827-0420

Salt Lake City
205 N. 400 W.
84103
801-328-8891
Fax: 801-328-8898

Provo
455 N. University #100
84601
801-374-6766
Fax: 801-655-5350

St. George
229 E. St. George Blvd. #103
84770
435-628-1604
Fax: 435-986-7163

Toll Free (outside of Salt Lake County): 1-800-662-4245



CLINIC ATTENDEE (CA) INFORMATION FORM

Advocate meeting with CA:

Full name (Please print legibly):

Clinic attended:

Clinic location/name:

Initial
here

If CA is non-citizen, I verified/saw
proof of legal status.

Initial
here

CA is 60 or older and a
resident of Utah

NOTES (please write a brief summary documenting advice legibly):

Date of clinic:

Client's name:

Advice given: