

**HAMLIN UNIVERSITY SCHOOL OF LAW
TRIAL PRACTICE CLINIC
REPRESENTATION AGREEMENT**

I, _____, the client, hereby authorize the Trial Practice Clinic of Hamline University School of Law to represent me to do all things necessary or desirable including initializing litigation, in connection with the following problem:

I understand that all work on my case, including representation at hearings, will be handled by one or more law students working in the Clinic who will be supervised by lawyers admitted to practice in Minnesota.

I agree that _____ and _____, who are not licensed attorneys but certified law students, may represent me with regard to my problem to the extent permitted by law, under the supervision of _____, attorney at law, or any other attorney designated by Hamline University School of Law.

CONFIDENTIALITY: The information I give to the Trial Practice Clinic about my case will not be given to anyone outside the Clinic without my permission unless by order of a Court. However, I authorize the Trial Practice Clinic to discuss my case with other persons necessary to the handling of my case, such as experts, consultants, etc.

ATTORNEY'S FEES WILL NOT BE CHARGED: I understand that the Trial Practice Clinic will not require me to pay attorney's fees for its services.

COSTS I WILL HAVE TO PAY: I agree to pay Trial Practice Clinic all sheriff's service fees, filing fees, and other costs necessary in my case, unless the court permits me to proceed without payment of such fees. The attorney will let me know how much money will be needed.

CLIENT'S OBLIGATIONS: I agree to cooperate with Trial Practice Clinic by going to all scheduled appointments, hearings, or trials. I will attempt to obtain any documents or papers relating to my legal problem and give them to Trial Practice Clinic. If my address or phone number changes, I will let Trial Practice Clinic know this immediately. If my attorney is unable to locate me after trying the most recent address and telephone number I have provided, I understand that Trial Practice Clinic may withdraw from the case and stop representing me. If that happens, Trial Practice Clinic may retain any court costs deposit remaining on file with Trial Practice Clinic.

APPEAL NOT COVERED: If I lose or I do not like the results of my case, Trial Practice Clinic is not required by this agreement to take the case to a higher court. That question will have to be discussed and a decision made if that situation arises. If Trial Practice Clinic decides not to represent me in an appeal of my case, the Clinic agrees to make a good faith effort to inform me of the appeal deadline in my case, and of its decision not to represent me on the appeal, in time for me to take steps to seek other counsel or to file an appeal on my own behalf.

OTHER PROBLEMS NOT COVERED: I understand that Trial Practice Clinic is not obligated to help me with any other legal problem I may have or which may come up while the Clinic is representing me in this case.

I have read and understand this agreement and have received a copy. It has been translated for me into my native language by _____, and I understand its contents.

Dated: _____ Client: _____

Supervising Attorney: _____ Law Student: _____