



Consultation Agreement and Authorization to Release Information

This is an acknowledgment among Freedom Network USA (collectively, “Survivor Reentry Project” or “SRP”), the volunteer attorneys and law clerks (the “Volunteers”) from **[Insert Firm Name]**, and you. It contains the basic terms of this consultation and screening, which will provide you with limited assistance so that you can better address your desire for criminal records relief.

Your Volunteer Attorney(s)/Law Clerk(s) are:

Your Volunteer Attorney(s)/Law Clerk(s) contact information is:

Scope of Work: The Volunteer(s) are providing short-term limited legal services to you. You understand that the Volunteer(s) who works with you will do only the following:

- Discuss with you the facts and circumstances surrounding your arrest(s) and conviction(s) in an intake interview;
- Assist you in understanding your criminal records once the fingerprint results have been obtained; and
- Refer you to SRP for further assistance in determining whether you may be eligible for criminal records relief and if you may be eligible, attempt to connect you to a lawyer that might be able to assist you in the state(s) where you have criminal conviction(s).

Please review and initial the following statements. If you have any questions, please ask before you initial:

_____ I understand that neither the Volunteer(s) nor the SRP have agreed to represent me in connection with pursuing criminal record relief.

_____ The Volunteer(s) and I discussed communication expectations and I understand how often to expect communication either by text, email, phone call, or video call.

_____ I understand that the Volunteer(s) or SRP **cannot** guarantee that they will find me a lawyer.

_____ I understand that I am free to find another lawyer on my own to help me with criminal record relief.

_____ I give permission to the Volunteer(s) to share information obtained from this consultation intake with SRP and for the Volunteer(s) or SRP to share the intake information obtained from this consultation with other attorneys if, in their judgment, they believe it would be beneficial, including to help find a lawyer to represent me.

_____ I understand that neither the Volunteer(s) nor SRP will charge me any fees for fingerprinting, the intake consultation process, and that the Volunteer(s) will pay for the costs of additional fingerprinting, if recommended in their judgment, up to [\$200].

Your Name _____
(please print)

Your Signature _____

Date _____

Volunteer Name _____
(please print)

Volunteer Signature _____

Date _____