

Pro Bono Legal Representation Consent Form

Client Information

Full Name:

Address:

Phone Number:

Email Address:

Attorney / Organization Information

Attorney/Organization Name:

Address:

Phone Number:

Email Address:

Case Information

Case Title/Description:

Consent and Acknowledgement

- ☐ I agree to receive pro bono legal services and understand the scope and limitations of this representation.
- ☐ I understand that all information shared is subject to attorney-client confidentiality.
- ☐ I am signing this form voluntarily and have had the opportunity to ask questions.

Client Signature:

Date:

Attorney/Organization Representative Signature:

Date: