



VOLUNTEER LEGAL
SERVICES HAWAII

**Prior to your scheduled clinic appointment,
please read, sign and return to intake@vlsh.org or fax 808-524-2147**

I UNDERSTAND THAT:

1. I, _____, have contacted Volunteer Legal Services Hawaii for legal assistance.
2. After I submit all the required documentation, Volunteer Legal Service Hawaii will attempt to schedule me to speak with a Volunteer Attorney on the telephone (or in-person when health & safety concerns permit).
3. I have provided Volunteer Legal Services Hawaii the best number to reach me at.
4. I understand the Volunteer Attorney's schedule is not exact and may attempt to reach me on or around my scheduled appointment time with a telephone caller ID that may register as "unknown" or "blocked" for privacy reasons. I agree to make myself available thirty minutes prior and after my scheduled time to wait for the Volunteer Attorney to call me.
5. The Volunteer Attorney will assess my situation and give me **legal advice** about my legal problem.
6. **The Volunteer Attorney WILL NOT represent me in my case. This means that the Volunteer Attorney is NOT MY ATTORNEY.**
7. If I cannot handle my case on my own, my Volunteer Attorney will let Volunteer Legal Services Hawaii know.
8. Volunteer Legal Services Hawaii may try to find a *pro bono* (free or low-cost) attorney to represent me. There is no guarantee that I will get a pro bono attorney.
9. The administrative fee for the clinic appointment is temporarily waived due to the Covid pandemic.
10. There will be a reschedule fee if I miss the appointment.
11. I received a copy of this form.

(Signature / Electronic Signature)

(Date)