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**Informed Consent Agreement**

This Informed Consent Agreement (the “**Agreement**”) is made by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“**Prospective Client**”) on this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_, for the Neighborhood Christian Legal Clinic, Inc., an Indiana nonprofit corporation and provider of free assistance on civil legal issues (the “**Clinic**”).

The Prospective Client agrees as follows:

**Section 1**. **Acknowledgements of the Prospective Client.**

The Prospective Client hereby acknowledges, understands and affirms that:

1. no attorney-client relationship has been or will be created by signing this Agreement and submitting this Agreement to the Clinic;
2. the Prospective Client has been advised that s/he is not required to give her/his informed consent to disclose information relating to the representation of the Prospective Client by the Clinic in order to: (i) receive services from the NAME OF OTHER ENTITY; and/or (ii) receive legal services from the Clinic;
3. if the Clinic agrees to advise and/or represent the Prospective Client, the Prospective Client understands that the Clinic, upon receiving informed consent from the Prospective Client, may provide NAME OF OTHER ENTITY with status updates, results, and outcomes relating to the legal services provided to the Prospective Client by the Clinic to ensure that the Prospective Client receives the best legal advice and/or representation possible;
4. The Prospective Client has been advised and understands that any information disclosed by the Clinic to NAME OF OTHER ENTITY relating to the legal services provided to the Prospective Client will not be protected by attorney-client privilege;
5. the Prospective Client has been advised and understands that there may be a significant advantage—and no material risk—in disclosing confidential and/or privileged information to NAME OF OTHER ENTITY; and

1. the Prospective Client has been advised and understands that s/he has the right to seek legal advice from another attorney or law firm other than the Clinic before signing this Agreement.

**Section 2. Informed Consent to Disclose Confidential Information.**

By signing this Agreement, the Prospective Client gives her/his informed consent for an attorney from the Neighborhood Christian Legal Clinic to share confidential and/or privileged information relating to legal services, legal advice and legal representation the Prospective Client receives from the Clinic to the staff and board of directors of NAME OF OTHER ENTITY, including, but not limited to, the following individuals:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager, Case Manager,

NAME OF OTHER ENTITY NAME OF OTHER ENTITY

CERTIFICATION

I have read the foregoing Agreement and that I understand this Agreement. I understand that this Agreement is effective the date of my signature.

**PROSPECTIVE CLIENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Prospective Client                            Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Prospective Client

Neighborhood Christian Legal Clinic

3333 N. Meridian Street, Suite 201

Indianapolis, IN 46208

(317) 429-4131 (p)

(317) 429-4130 (f)

Last updated: 03/2016