



AUTHORIZATION TO PROCEED FOR LEGAL SERVICES AND BRIEF COUNSEL AND ADVICE FORM

Telephone: (715) 842-1681 (TTY Relay)
Toll Free: 1-(800) 472-1638 (TTY Relay)
Fax: (715) 848-1885
E-mail: info@judicare.org

P.O. Box 6100
Wausau, WI 54402-6100

Please Print or Type

Attorney/Advocate and client must review and agree to the terms of the Representation Agreement on the reverse side at the initial interview. Signatures of the attorney/advocate and client on the lines provided must appear on the "Authorization to Proceed" form before case coverage will be approved.

1. Client is Plaintiff Defendant 2. Date of Initial Interview _____ 3. _____

Judicare Use Only

ATTORNEY/ADVOCATE: CLIENT:
ADDRESS: ADDRESS:
CITY, STATE, ZIP: CITY, STATE, ZIP:

4. Nature of Case (describe briefly nature of legal problem): _____

5. Opposing Party _____ 6. I request assistance from the Judicare staff Yes No

7. I provided the following legal advice as it pertains to this client at the initial interview: _____

8. I request full case approval Yes No Estimated fee of _____ Est. date of completion _____

9. If my request to represent this client is denied or no further action is contemplated after the initial interview, I request compensation as follows:

One hour initial consultation Half hour initial consultation I do not request compensation

10. I have read the Representation Agreement on the reverse side or have had it read to me and understand and agree to its terms.

X _____ X _____
Attorney's/Advocate's Signature Date Client's Signature Date

11. I am a citizen of the United States: X _____
Client's Signature Date

FOR JUDICARE USE ONLY

D E C I S I O N	12. AFTER CAREFUL REVIEW, IT HAS BEEN DETERMINED THAT YOUR CASE:	
	<input type="checkbox"/> Will be covered (please schedule an appointment with your attorney)	<input type="checkbox"/> Consultation fee only
	<input type="checkbox"/> Will not be covered for the following reason: _____	
	Authorized Signature: _____ Date: _____	

Case No. _____ Case Code _____ Fund _____ Closing Code _____ \$ _____
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Case No. _____ Case Code _____ Fund _____ Closing Code _____ \$ _____
Atty # _____ Firm # _____ Acct Dist # _____ Amount Paid \$ _____
Check # _____ Check Date _____ CSR Yes No _____ Approved by _____

REPRESENTATION AGREEMENT

This agreement takes effect when Wisconsin Judicare, Inc. (WJI) approves coverage of the case. If WJI refuses coverage of the case, the attorney/advocate listed on the reverse side is not obligated to continue this agreement, and the attorney's/advocate's representation is limited to only counsel and advice.

WISCONSIN JUDICARE'S RESPONSIBILITY

It is agreed and understood that the client named on this form is being provided legal assistance and will not be charged an attorney/advocate fee based upon a determination of eligibility for assistance under the provisions of the Legal Services Corporation Act and regulations.

If there is a change in the client's financial eligibility so that he/she can afford private legal assistance, WJI may discontinue coverage of the case and the attorney/advocate may withdraw from this representation through the Judicare program so long as the decision by WJI and the attorney/advocate is consistent with the Wisconsin Supreme Court or tribal court rules governing withdrawal of representation.

It is agreed and understood that WJI may be prohibited by its funding sources from pursuing certain types of litigation and other advocacy. It is agreed and understood that if continued representation of the approved case would involve a prohibited activity, WJI and the attorney/advocate providing representation through the WJI program will notify the client that they have the right to withdraw from the approved case.

CLIENT'S RESPONSIBILITY

It is agreed and understood that the financial information provided to WJI is complete and accurate. It is agreed and understood that I will report to WJI any change to my income or assets during the time attorney/advocate is representing me in the legal matter described on the reverse side.

It is agreed and understood that I am responsible for costs such as filing and service fees, witness or guardian ad litem fees, and similar costs necessary for the case, which are not waived by any agency or court regardless of whether I win or lose the case.

It is agreed and understood that if I want another attorney/advocate to be paid by WJI to represent me in this case, I must obtain approval from WJI before changing attorneys/advocates. It is agreed and understood that WJI may decline to pay a subsequent attorney/advocate to represent me.

It is agreed and understood that I will promptly inform the attorney/advocate and WJI of any change in my address or telephone number. It is agreed and understood that I will promptly inform the attorney/advocate and WJI if I become incarcerated during the time attorney/advocate is representing me.

It is agreed and understood that any documents provided to WJI pertaining to this case will be maintained by WJI for seven years from the date the case was approved. After seven years, any documents provided to WJI pertaining to this case will be destroyed.

ATTORNEY'S/ADVOCATE'S RESPONSIBILITY

The attorney/advocate named on this form agrees to represent the client named on this form in the legal matter described on the reverse side. This agreement does not include an appeal from a decision of the trial court or administrative hearing unless specified.

It is agreed and understood that the attorney/advocate representing the client named on this form will not charge the client any attorney's fees or advocate's fees for services provided under this agreement.

It is agreed and understood that the attorney/advocate will notify WJI of any material change in the client's financial circumstances.

It is agreed and understood that the attorney/advocate will notify WJI before withdrawing from representation for any reason.

It is agreed and understood that any attorneys' fees awarded and collected in this case should be made payable to WJI.

**THE ATTORNEY/ADVOCATE AND THE CLIENT AGREE TO THESE TERMS,
AS EVIDENCED BY THE SIGNATURES ON THE FACE OF THIS FORM.**