



**M I S S I S S I P P I  
V O L U N T E E R  
L A W Y E R S  
P R O J E C T**

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***PRO BONO* ATTORNEY GUIDE  
2014**



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Dear Attorney Volunteer:

On behalf of the Board of Directors and staff of the Mississippi Volunteer Lawyers Project (MVLPP), we want to thank you for making the important decision to engage in *pro bono* service and represent one of clients. As you may know, MVLPP partners with the Mississippi Bar and the state's legal services programs to provide much-needed legal assistance to those in need throughout Mississippi. MVLPP relies on the generosity and support of attorneys, like you, who answer the call of service and give of their time to help those who would not otherwise have access to attorneys and our courts. The responsibility you have undertaken for the client you will represent and for MVLPP is great, but we are confident that you will find the reward for your service to be even greater.

MVLPP developed the *Pro Bono* Attorney Guide as a resource for volunteer attorneys who engage in direct representation of MVLPP clients. The Guide contains general information about MVLPP and information and materials that are specific to the case referral process. It is our sincere hope this Guide will answer most of the questions and issues you might encounter in your representation of our clients. However, we are available to answer your questions or help you think through best approaches as you need us. The mission of MVLPP is to provide high quality legal assistance to individuals in need. To that end, we expect the attorneys who volunteer with us to treat their *pro bono* clients as they would the clients who are paying for their services. We want to help ensure that your *pro bono* experience is positive and successful. If you encounter issues in your representation, please let us know, and let's work together to determine the best way to handle so that, together, we can ensure successful results for our clients.

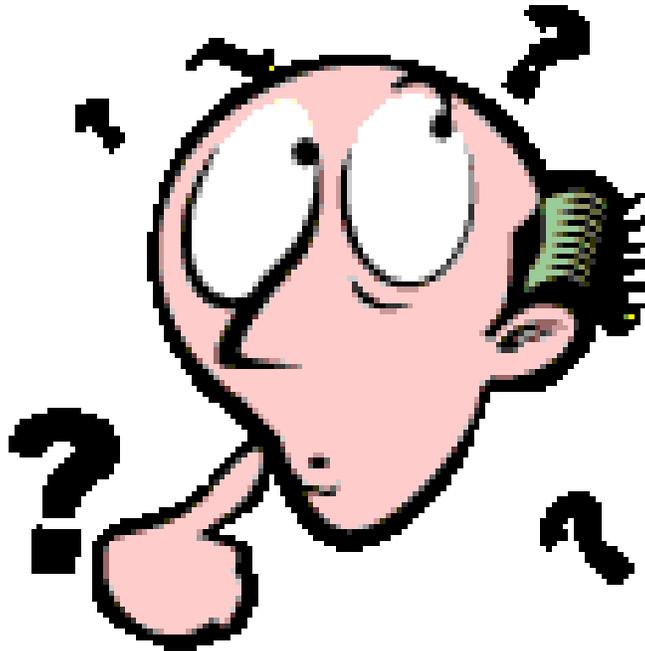
Thank you again for volunteering with us. We look forward to working with you for many years to come.

Warmest regards,

Tiffany M. Graves  
Executive Director and General Counsel  
Direct Line: 601-948-4476  
tgraves@mvlpp.org

Sara Ward Cotten  
Case Referral Coordinator  
Direct Line: 601-360-0213  
ward@mvlpp.org

***ARE YOU ENCOUNTERING ISSUES WITH YOUR MVLP  
CASE AND YOU DON'T KNOW WHAT TO DO?***



***STOP WHAT YOU'RE DOING AND CALL MVLP  
BEFORE YOU FILE WHEN:***

- Your client has advised that the interested parties no longer agree to the divorce, adoption, guardianship or other legal matter;
- Your client has advised that he/she cannot afford to pay the filing fee or other court costs associated with his/her legal matter;
- Your client has not responded to your call, letters and emails, and has missed scheduled appointments;
- The telephone number you have on file for your client is no longer working or has been disconnected and/or the letters you have sent the client have been returned as undeliverable;
- Your client has not returned documents that you have requested;
- Your client missed a court hearing; and/or
- You are stumped on how to proceed in the representation of your client.

**601-960-9577**

## SERVICES PROVIDED BY MVLP AND THE CASE REFERRAL PROCESS

MVLP assists clients with the following types of legal matters: divorce, adoption, guardianship, child support modification and contempt, birth certificate correction, name change, visitation, conservatorship, emancipation and simple estate planning. Funding and other limitations prevent MVLP from assisting every person who contacts the organization – even when individuals present one of the legal matters listed above. Please see the Appendix for the current list of MVLP's Case Priorities and Limitations.

Eligibility for MVLP's services is determined by the organization's thorough review and assessment of a prospective client's legal matter. Eligibility is further determined by federal poverty guidelines, including income, assets and citizenship status. MVLP is able to assist clients who do not exceed 200% of the poverty guidelines, as represented in the table below.

Size of Household	Annual Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
For each additional member of the household in excess of 8, add:	\$8,040

### The Case Referral Process

- ❑ Once an attorney requests an MVLP *pro bono* case, the Case Referral Clerk will prepare and email a Case Referral Packet to the attorney. The Case Referral Packet will typically contain an *Attorney Referral Letter*, *Case Acceptance Card*, *Case Closure Card*, and *supporting documents* relating to the client's matter.
- ❑ Upon receipt of the packet from the Case Referral Clerk, the attorney should carefully review the packet and check for any conflicts. When conflicts are cleared, the attorney may proceed with contacting the client.
- ❑ Attorneys should complete and return the *Case Acceptance/Acknowledgement Card* soon after conflicts are cleared. The *Case Acceptance Card* confirms receipt of the case referral documents and acknowledges acceptance of a client's case. If we **do not** hear from an attorney within seven (7) days of receiving a packet, we will contact the client under the assumption the attorney will represent him/her.
- ❑ In addition to contacting the attorney about his/her possible representation, we will also contact the client when his/her case has been referred. In our correspondence with the client, we will ask him/her to contact the volunteer attorney within five (5) days of the date of our letter. If s/he does not do so within that timeframe, attorneys should complete the *Case Closure Card* and return it to MVLP.
- ❑ Once the attorney and client make contact, the attorney's representation commences through the completion of the case. Volunteers may request copies of sample

pleadings to assist in the representation of MVLP clients at any stage of their representation.

### ***Filing MVLP's Pro Bono Cases***

- ❑ MVLP no longer receives filing fees from clients. Clients are required to pay filing fees and court costs directly to volunteer attorneys. MVLP will reimburse attorneys for any case-related costs, such as mailings, copies, and mileage. However, **MVLP's litigation budget is very limited**. If you determine that you will incur expenses over \$100.00, please contact our office immediately to have the expenses approved. Failure to do so may result in MVLP's inability to reimburse an attorney or his/her firm for expenses incurred.
- ❑ To ensure timely handling of files, MVLP encourages volunteer attorneys to provide clients with a specific deadline to produce court fees, including the filing fees. In addition, it is suggested that volunteers request fees by money order, made payable to the applicable Chancery Court. If a client misses the deadline, please advise the MVLP office. MVLP will attempt to reach the client and proceed with closing the file if the client does not respond, under the assumption the client no longer is interested in pursuing his/her legal matter.
- ❑ Court costs for most MVLP clients can be waived by filing a *Motion to Proceed In Forma Pauperis* with the appropriate court. In the event the court denies the petition, the client will need to pay court costs and other expenses. MVLP has sample *Motion to Proceed in Forma Pauperis* pleadings and can provide to volunteers by request. See Appendix for a sample motion.
- ❑ Where appropriate, volunteer attorneys may request fees from the court in their representation of MVLP clients. In those instances, MVLP respectfully requests that attorneys donate the fees to MVLP to assist in the organization's handling of other cases.

### ***Closing an MVLP Pro Bono Case***

- ❑ It is MVLP's goal that each client referred to a volunteer attorney will obtain a final judgment or order in their legal matter. Upon a court entering an order, the volunteer attorney should complete and return the *Case Closure Card*.
- ❑ In addition to the *Case Closure Card*, volunteer attorneys are asked to attach copies of any and all supporting documents, including, but not limited to, final judgments/orders, signed pleadings, and closure letters.
- ❑ MVLP encourages attorneys to have clients sign pleadings soon after they have been prepared by the attorney. Copies of the signed pleadings are requested to be submitted with *Case Closure Cards* even if a case is closed prior to filing or does not receive a final judgment or order.

### ***Forms and Sample Documents***

- ❑ The *Case Referral Packet* will include an *Attorney Referral Letter*, *Case Acceptance Card*, and *Case Closure Card*. Upon deciding to accept the file, the volunteer attorney is asked to return a *Case Acceptance Card* to MVLP. The Case Referral Clerk will then contact the client by phone or by mailing the *Client Referral Letter*. Samples of these documents are included in the Appendix.

# Appendix



**MISSISSIPPI VOLUNTEER LAWYERS PROJECT**  
**2014 CASE PRIORITIES AND LIMITATIONS**

The Mississippi Volunteer Lawyers Project (MVLP) adopts the following Case Priorities and Limitations for 2014. Please be advised that acceptance of any matter is contingent upon the case's merits and the availability of staff, *pro bono* attorneys and program resources.

<b><u>PRIORITY CASE TYPES</u></b>	<b><u>CASE LIMITATIONS</u></b>
<b>ADOPTION</b>	MVLP will accept uncontested adoption matters only. In all instances, the parties will be required to provide MVLP with executed consent to adoption and parental termination documents from both of the child's biological parents. In the case of unknown fathers, the person seeking MVLP's assistance must execute an affidavit which confirms that s/he has conducted a diligent search and reasonable inquiry into the whereabouts of the father for the purposes of service to the unknown father by publication.
<b>BIRTH CERTIFICATE CORRECTION</b>	MVLP will accept birth certificate correction matters for the purpose of obtaining employment, public benefits, retirement and identification. In the case of birth certificate corrections due to changes in paternity, MVLP will handle changes to the minor's last name only.
<b>CHILD SUPPORT CONTEMPT</b>	MVLP will accept child support contempt matters only if the party in contempt has not paid child support for a minimum of three months and is in arrears of at least \$1,000 but not more than \$10,000. MVLP will not assist with these matters where the party requesting assistance has a contempt matter pending with the Department of Human Services.
<b>CHILD SUPPORT MODIFICATION</b>	MVLP will accept child support modification matters if the responsible party is deemed disabled by the Social Security Administration and/or has experienced a significant loss or increase in income since the most recent child support order was entered.
<b>CONSERVATORSHIP</b>	MVLP will accept conservatorship matters with the consent of the ward and other interested parties (spouses, siblings, etc.) and with the written and executed support of two of the ward's treating physicians.

<b>DIVORCE</b>	MVLP will only accept divorce matters which are based on the following grounds: irreconcilable differences; sentenced to penitentiary; and desertion. Parties with irreconcilable differences divorces will be required to execute a document which confirms their consent to the divorce and provisions related to property, child support and custody. Parties with divorces based on desertion will be required to provide the last known address of the spouse and, where the spouse is unknown, execute an affidavit which confirms that they have conducted a diligent search and reasonable inquiry into the whereabouts of the spouse for the purposes of service to the spouse by publication. MVLP will only assist parties with divorces based on a spouse being sentenced to the penitentiary if the spouse is currently incarcerated and his/her release is not expected for at least one year after the party becomes a client of MVLP.
<b>EMANCIPATION</b>	MVLP will only accept emancipation matters with the consent of the party's biological parents and if the party requesting assistance is seeking independent housing or employment and is currently employed and/or enrolled in a GED program or post-secondary education. In some instances, parties requesting assistance with emancipation matters may be required to provide proof of employment.
<b>GUARDIANSHIP</b>	MVLP will accept uncontested guardianship matters only. In all instances, the parties will be required to provide MVLP with executed consent to guardianship documents from both of the child's biological parents. In the case of unknown fathers, the person seeking MVLP's assistance must execute an affidavit which confirms that s/he has conducted a diligent search and reasonable inquiry into the whereabouts of the father for the purposes of service to the unknown father by publication.
<b>NAME CHANGE</b>	MVLP will accept name change matters for the purpose of obtaining employment, public benefits, retirement and identification. Due to MVLP's limited resources, MVLP will not provide services to individuals who are requesting assistance with a name change matter for vanity purposes only.
<b>VISITATION</b>	MVLP will accept visitation matters when (a) a child support order exists, but is silent as to visitation or (b) paternity has been established and the non-custodial parent is willing to pay child support and obtain visitation. In cases where a child support order exists, the party requesting assistance must be current on his/her child support obligation. <i>MVLP will no longer assist with grandparent visitation matters.</i>
<b>WILLS</b>	MVLP will accept simple will matters only where the party does not own significant property or expect to owe estate taxes at his/her death and where the party does not anticipate that anyone will contest his/her will.

**CONSENT FORM FOR UNCONTESTED DIVORCES**

**ACKNOWLEDGEMENT OF CONSENT**

I acknowledge that my spouse, \_\_\_\_\_, and I agree that we want to file our divorce on the ground of irreconcilable differences. We have discussed and reached an agreement as to child custody, visitation and child support (**if the parties have children**), the division of marital property (**if any**) and the payment of joint debts (**if any**).

I understand that this document is being requested as a part of the intake process of the Mississippi Volunteer Lawyers Project. I further acknowledge that this *Acknowledgement of Consent* is not legally binding and is not meant to be filed in any court of law or as part of any legal proceeding.

\_\_\_\_\_  
SIGNATURE

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



## GRIEVANCE PROCEDURES

The Mississippi Volunteer Lawyers Project (MVLP) wants individuals who have contacted the organization for services to receive high quality legal assistance pursuant to our mission statement. If an individual is dissatisfied with the handling of his/her file by our office, he/she may make a complaint pursuant to our grievance procedures as follows:

1. Submit a complaint, orally or in writing, to the attention of MVLP's Executive Director/General Counsel. The complaint will then be addressed by the Executive Director/General Counsel or his/her designee.
2. If the individual is unable to resolve the complaint with the Executive Director/General Counsel, he/she may have the complaint considered by the Client Grievance Committee of MVLP's Board of Directors. You should inform the Executive Director/General Counsel within ten (10) working days of the decision of the Executive Director/General Counsel or designee that you want a review of the decision.

If a complaint is received from a client by MVLP that relates to the delivery of services by a volunteer attorney, the following actions will take place:

1. On receipt of a written complaint, MVLP's Executive Director/General Counsel shall send a copy of the complaint to the volunteer lawyer who is the subject of the complaint and shall contact that lawyer by telephone to afford the volunteer lawyer a chance to respond to the complaint orally or in writing.
2. If the complaint is not resolved to the satisfaction of the client within thirty (30) days after the complaint is given to the volunteer lawyer, the Client Grievance Committee of MVLP's Board of Directors shall review the complaint, and the response, if any, and take one or more of the following actions:
  - A. Advise the client and the volunteer lawyer that the complaint has been reviewed and found to be unsubstantiated.
  - B. Offer the client the services of another volunteer lawyer as co-counsel.
  - C. Offer the client the services of a substitute volunteer lawyer.
  - D. Limit further referrals to the volunteer lawyer who was the subject of the complaint.
  - E. Eliminate further referrals to the volunteer lawyer who was the subject of the complaint.
  - F. Such other action as the committee deems appropriate and has been approved by the majority vote of the MVLP Board at a meeting at which a quorum is present.
3. The volunteer lawyer shall be notified in writing of the action taken by MVLP.



## ATTORNEY CASE REFERRAL LETTER

Date

Attorney Name, Esq.

Law Firm Name

Address

City State Zip

RE: MVL Case No. \_\_\_\_\_  
**Client Name**  
**Address**  
**Telephone Number**

Dear (Mr./Ms.):

Thank you for agreeing to assist the above-referenced clients through the Mississippi Volunteer Lawyers Project (MVL). Please complete and return the enclosed **Case Acceptance/Acknowledgement Card** to acknowledge your acceptance of the client's case and to let us know that you have received the case referral documents. The **Case Closure Card** may be returned once you have completed your representation of the clients and are ready to close his/her file.

**We ask that you return the Case Acceptance/Acknowledgement Card within seven (7) days from the date of this letter.** If we do not hear from you **within the seven days**, we will proceed with contacting the client under the assumption that you will be able to represent him/her. In our correspondence with the client, we will ask him/her to contact you within five (5) days of the date of our letter to him/her. If s/he does not contact you within that timeframe, please complete the Case Closure Card appropriately and mail it back to our office. You should feel free to close the file at that time.

The client is required to pay filing fees and court costs directly to you, unless you feel the client should file *in forma pauperis*. MVL will reimburse you for any case-related costs, such as mailings, copies, telephone calls, and mileage. However, our litigation budget is very limited. If you determine that you will incur expenses over \$100.00, please contact our office to have these expenses approved by the Executive Director/General Counsel.

Please be advised that, where appropriate, volunteer attorneys may request fees from the court in their representation of MVL clients. In those instances, MVL would respectfully request that attorneys donate the fees to MVL to assist in the organization's handling of other cases.

Once again, thank you for your participation in the Mississippi Volunteer Lawyers Project and your generous donation of time. We are delighted to work with you. If you have any additional questions about this referral, please call us at 601-960-9577.

Sincerely,

(Name)  
MVL Representative

Enclosures: Case Acceptance/Acknowledgement Card  
Case Closure Card

Post Office Box 1503  
Jackson, Mississippi  
39215

Phone: 601-960-9577  
Fax: 601-944-9678

www.mvlp.net  
mvlp@mymvlp.net



CLIENT REFERRAL LETTER

Date

Client Name  
Address  
Address

RE: MVLP Case No.: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Dear {Mr./Ms. Client Last Name}:

The attorney listed above has volunteered through the Mississippi Volunteer Lawyers Project (MVLP) to speak with you about your legal matter. You will need to call the attorney **by {specify day and date 5 days out}** to make an appointment to meet with the attorney. If you fail to contact your attorney or our office by this date, we will assume you have handled your legal matter to your satisfaction and will proceed with closing your file.

**When you contact the attorney, please be sure to tell the attorney's office that you were referred to the attorney by MVLP as a *pro bono* client. You will need to cooperate fully with the volunteer attorney. You must show up for all scheduled appointments and hearings, return and produce all documents requested by the attorney, and be respectful and pleasant to your attorney at all times.**

Once your volunteer attorney is ready to file your case with the court, s/he will request your filing fee. You may be required to pay **additional** court costs depending on the nature of your legal matter, including, but not limited to, special master's fees, publication and service of process fees, guardian ad litem fees, and other costs associated with your legal matter. **You will pay these costs directly to the volunteer attorney. If you do not pay certain fees, the attorney and MVLP may decide to CLOSE YOUR FILE.** Pursuant to MVLP's Grievance Procedures, you should contact our office if there is an issue with the volunteer attorney that you feel cannot be resolved.

It is your responsibility to contact MVLP if your income, phone number or address changes at any time throughout our handling of your case.

Please be advised that changes in your income or the type and nature of legal matter at issue may result in the closure of your file by MVLP.

Sincerely,

Name  
MVLP Representative

Post Office Box 1503  
Jackson, Mississippi  
39215

Phone: 601-960-9577  
Fax: 601-944-9678

www.mvlp.net  
mvlp@mymvlp.net



Mississippi Volunteer Lawyers Project
Post Office Box 1503
Jackson, Mississippi 39215

CASE ACCEPTANCE/ACKNOWLEDGEMENT CARD

Please complete this card and return to the Mississippi Volunteer Lawyers Project upon receipt and acceptance of the case.

Name of Client: \_\_\_\_\_ MVLP Case #: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Bar Number: \_\_\_\_\_

Name of Paralegal or Legal Assistant: \_\_\_\_\_

Type of Case: \_\_\_\_\_

Attorney's E-mail Address: \_\_\_\_\_

I certify that I am an attorney in good standing with the Mississippi Bar. \_\_\_\_\_ (Please initial)

PLEASE CHECK ONE:

[ ] I have accepted the client and agree to abide by the Information on Accepting Pro Bono Cases and laws and ethical rules of the State of Mississippi.

[ ] I have rejected this client.

If client has been rejected, please state the reason why:

\_\_\_\_\_

[ ] The client has not contacted me.

I estimate completion at: \_\_\_\_\_

Date: \_\_\_\_\_ Attorney's Signature: \_\_\_\_\_

You may return this form via mail (at the address above), email at (ward@mvlpp.org) or fax (601-944-9678).

Thank you for your support and participation!



MVLP QUARTERLY CASE STATUS UPDATE

Thank you for the time you have donated towards representing the underserved. It is time to record activity on the pro bono file with which you are assisting.

Please return this form via fax or email on or before (Date).

MVLP Client Name: \_\_\_\_\_

MVLP Case Number: \_\_\_\_\_

Please check the type(s) of service(s) provided to the client:

- ( ) Client Consultation
( ) Hearing or Trial Date: \_\_\_\_\_
( ) Final Court Decision (Please attach court documents)
( ) Re-open case: \_\_\_\_\_ (Reason)

Case Status since Last Report:

(Please include date of hearings, date of last contact with client, etc.)

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

Have pleadings been filed: \_\_\_\_\_ County Chancery Court

Chancery Court Cause No.: \_\_\_\_\_

Is the case closed? ( ) Yes ( ) No Date of closure: \_\_\_\_\_

NOTE: If case is closed, please submit the Case Closure Card. Please attach a copy of any pleadings signed by the client, filed court documents, and/or a copy of the final judgment or supporting information.

Attorney Pro Bono Hours:

\_\_\_\_\_ 1/1/2013 - 3/31/2013 \_\_\_\_\_ 4/1/2013 - 6/30/2013

\_\_\_\_\_ 7/1/2013 - 9/30/2013 \_\_\_\_\_ 10/1/2013- 12/31/2013

\_\_\_\_\_ Total pro bono hours donated on this case

Post Office Box 1503
Jackson, Mississippi
39215

Phone: 601-960-9577
Fax: 601-944-9678

www.mvlp.net
mvlp@mymvlp.net

Attorney Name
(Please print)

Date



CASE CLOSURE LETTER

Date

Client Name  
Client Address  
City, State Zip

Re: **Closure of Case No.** \_\_\_\_\_

Dear (Mr./Ms.) \_\_\_\_\_:

We are pleased to have had the opportunity to represent you in connection with your \_\_\_\_\_. Now that this matter is concluded, we will be closing our file as our representation of you has ended.

Enclosed is a copy of the final order. We suggest that you keep this copy in a safe place where you can easily find it.

(There is some follow up required in this matter, specifically \_\_\_\_\_. Our firm will not be assisting you with these tasks; you will need to take further action, as appropriate.)

Again, it was our pleasure representing you. Thank you for your confidence in us.

Best of luck to you in the future.

Sincerely,

Attorney Name  
Title

Enclosure

Post Office Box 1503  
Jackson, Mississippi  
39215

Phone: 601-960-9577  
Fax: 601-944-9678

www.mvlp.net  
mvlp@mymvlp.net



Mississippi Volunteer Lawyers Project
Mississippi Volunteer Lawyers Project
Post Office Box 1503
Jackson, Mississippi 39215

CASE CLOSURE CARD

Please complete this card upon closing of the case. Return this form and a copy of the court action to the Mississippi Volunteer Lawyers Project (MVL P). Please do not forget to indicate the number of pro bono hours that you devoted to this case.

Client's Name: \_\_\_\_\_ MVL P Case #: \_\_\_\_\_ MVL P Attorney#: \_\_\_\_\_

Date Referred to You: \_\_\_\_\_ Type of Case: \_\_\_\_\_

Name of Court Where Filed: \_\_\_\_\_

Date Closed: mm \_\_\_\_\_ dd \_\_\_\_\_ yy \_\_\_\_\_

Reason Case Closed: \_\_\_\_\_

If applicable, please attach a copy of the court document (s) upon submission to MVL P.

Cause/Case Number Assigned by the Court: \_\_\_\_\_

Cause Number Assigned by Your Law Firm: \_\_\_\_\_

Briefly describe services rendered: \_\_\_\_\_

- Administrative Action Completed
Client Did Not Show Up or Contact Me
Client Made Contact, But Did Not Return
Other (please specify)
Negotiated Settlement
Court Action Completed
Advice Only

As an appreciation of taking a case through MVL P, your pro bono hours will be maintained in our database. MVL P records and uses volunteer hours for purposes of annual awards and recognitions. Please indicate below the number of hours you donated during the year on this case:

\_\_\_\_\_ 1/1/2014 - 3/31/2014 \_\_\_\_\_ 4/1/2014 - 6/30/2014
\_\_\_\_\_ 7/1/2014 - 9/30/2014 \_\_\_\_\_ 10/1/2014- 12/31/2014
\_\_\_\_\_ Total pro bono hours you donated on this case

\_\_\_\_\_ Yes, I am willing to accept another case.

\_\_\_\_\_ I am not available to accept another case until \_\_\_\_\_.

Attorney Name (please print)

Attorney Bar Number

MVL P would like to thank you for your continued support.

**CLIENT SATISFACTION SURVEY**

**MISSISSIPPI VOLUNTEER LAWYERS PROJECT  
CLIENT SATISFACTION SURVEY**

**What is your overall satisfaction with the assistance you received from the Mississippi Volunteer Lawyers Project (MVLP)?**

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**Please tell us why you feel that way.**

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**Please rate your level of satisfaction with MVLP in the following areas:**

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<b>Responsiveness</b>					
<b>Professionalism</b>					
<b>Understanding of my needs</b>					

**How can we improve your satisfaction with our services?**

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**May we contact you about any of your responses?**

- Yes
- No

**If yes, please provide your current mailing address, phone number and email address below:**

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**At times, MVLP and our partner organizations use comments provided by clients in our marketing materials. Do we have your permission to use your comments in official publicity materials? Publicity materials include, but are not limited to, news releases, newsletters, publications, video, television segments and web use.**

- Yes
- No

*Thank you for taking the time to complete the survey.*

**LAWYER SATISFACTION SURVEY**

**MISSISSIPPI VOLUNTEER LAWYERS PROJECT  
LAWYER SATISFACTION SURVEY**

**What is your overall satisfaction with your experience as an MVLP volunteer?**

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied

**Please tell us why you feel that way.**

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**Regarding your interaction with MVLP, please rate your level of satisfaction in the following areas:**

	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied
<b>Responsiveness</b>					
<b>Professionalism</b>					
<b>Experience with the client I assisted</b>					

**How can we improve your satisfaction with MVLP to make it possible for you to volunteer again?**

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**May we contact you about any of your responses?**

- Yes
- No

**At times, MVLP and our partner organization prepare profiles of our volunteers or post their comments in our marketing materials. Do we have your permission to use your comments in official publicity materials? Publicity materials include, but are not limited to, news releases, newsletters, publications, video, television segments and web use.**

- Yes
- No

*Thank you for taking the time to complete the survey.*

## ENGAGEMENT LETTER

[Use your law firm's letterhead]

DATE

VIA U.S. MAIL

John Doe  
0000 Casablanca Drive  
Jackson, Mississippi 39206

Dear Mr. Doe:

Thank you for meeting with me on DATE. This letter will explain the terms of the legal services ("Legal Services") that I have agreed to perform for you.

**Description of Legal Services:** Modification of Stipulated Agreement of Support to Reduce Amount of Child Support Obligation Due to Age of Daughters, Sue R. Doe and Tammy B. Doe.

These Legal Services are the only services I have agreed to provide to you. At this time, I am not agreeing to represent you on any other issues related to this matter not described above, or in any appeals in this matter, or on any other unrelated matter. If you want me to represent you on any other issues related to this matter not described above, or in any appeals, or on any other unrelated matter, I must first agree to that representation, and you and I will need to sign a new, separate agreement.

**Staffing and Outside Lawyer Assistance:** In representing you, I may utilize other Law Firm, PLLC attorneys and staff from time to time. However, I will take primary responsibility for providing the Legal Services to you in this matter.

**No Charge for Legal Services:** I will not charge you any attorneys' fees relating to the Legal Services. However, as we have discussed, you have agreed to pay the reasonable expenses for the Legal Services, including photocopying, mailing, faxing and telephone charges (generally referred to as overhead expenses). You will also be expected to pay, and by signing this letter you agree to pay, expenses such as filing fees, service of process, travel expenses, and other expenses of a like nature. If, however, you have a right to have another party pay your attorneys' fees or expenses, I may try to have that other party pay your attorneys' fees or expenses. Any of your fees or expenses paid by another party would be paid to Law Firm and not to you.

**Waiver of Conflicts:** Law Firm, PLLC represents many types of clients in many different kinds of matters. By signing this letter, you agree that, even though I will be representing you in the above-described matter, I remain free to represent any present or future client of Law Firm that may be opposed to you as long as that other representation does not require Law Firm, PLLC to use any privileged information that it learned in representing you and does not affect its representation of you.

**Attorney-Client Representation:** By signing this letter, you will be entering into an attorney-client relationship with me. The information you give to me about your case, and any advice I give you, may be privileged. Privileged information cannot be given out or used as evidence in a legal proceeding without your permission. If, however, you or anyone else gives

out any privileged or confidential information or advice to another person - even by mistake - your right to keep that information or advice confidential or treat it as privileged may be lost.

**Cooperation with Attorney's Name/Law Firm, PLLC:** By signing this letter and entering into this attorney-client relationship, you represent and warrant that all information you have given or will give to me is truthful, accurate, and complete. You also agree that you will provide me, on a timely basis, any and all information I request and that you will cooperate with me in any request I make of you related to this representation. You also agree to respond promptly to any attempts I make to contact you, whether by telephone, by mail, or through electronic means, such as e-mail or text messages.

**Withdrawal from Representation:** If you no longer want me to perform the Legal Services for you, you must notify me in writing. Under some circumstances, I may decide to stop performing the Legal Services for you and terminate the representation. For example, this might happen if you do not honor the terms of this letter, if I find I cannot represent you adequately due to your lack of cooperation, or if I cannot get in touch with you to discuss your case after reasonable attempts to reach you. It might also occur if something happens that I believe would make continuing to represent you unlawful or unethical. If I choose to terminate the representation, you agree to take all steps necessary (including signing documents) to free me and Law Firm, PLLC of any further obligation to perform Legal Services. In some cases, I may be required to get the permission of a judge to stop representing you. Even if I no longer represent you, this letter will remain effective. This letter explains the entire agreement that I have with you about the Legal Services. Any changes to this agreement can only be made in a later agreement that is signed by you and me.

Please read this letter carefully. If you have any questions about this letter or the Legal Services, please contact me. If you agree that this letter correctly describes the Legal Services and the terms and conditions of them, please sign a copy of this letter in the space provided below and return that signed copy to Law Firm, PLLC in the enclosed envelope.

I am enclosing a copy of your court file. I retrieved the entire file from the Madison County Courthouse in order to assist in my representation of you in the above-described Legal Services.

LAW FIRM, PLLC

BY: \_\_\_\_\_  
Attorney's Name  
Mississippi Bar No. xxxxxx

**I HAVE READ THIS LETTER AND AGREE TO ITS TERMS AND CONDITIONS. I HAVE RECEIVED A COPY OF THIS LETTER FOR ME TO KEEP.**

\_\_\_\_\_  
**JOHN DOE**

\_\_\_\_\_  
**Date**

Enclosure  
cc: Mississippi Volunteer Lawyers Project

**DISENGAGEMENT LETTER**

[Use your law firm's letterhead]

DATE

VIA U.S. MAIL

John Doe  
0000 Casablanca Drive  
Jackson, Mississippi 39206

RE: *Department of Human Services, State of Mississippi v. John Doe;*  
In the County Court of Madison County, Mississippi; Civil Action File No.  
CO20000490

Dear Mr. Doe:

Enclosed please find copies of the Orders granting the modification of your child support obligation and granting the new amount for withholding. I have been advised by my assistant that your employer is now in receipt of the latter Order. Now that the child support modification has been finalized, my representation related to the above matter has concluded. Accordingly, the attorney-client relationship between us has ceased.

After a certain period of time, our file in this matter will be destroyed consistent with the usual document retention and destruction policies of this firm. If there are any documents from our file that you wish to retain for your records, please let me know and I will be happy to send them to you. I have tried to forward all documents to you as I have received them from the Department of Human Services. If I have overlooked any documents, do let me know.

It was a pleasure working with you. I wish you well in the future.

Sincerely yours,

LAW FIRM, PLLC

Volunteer Attorney's Name

Enclosures

cc: Mississippi Volunteer Lawyers Project

**MOTION TO PROCEED IN FORMA PAUPERIS**

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

\_\_\_\_\_  
PETITIONER

v.

CAUSE NO: \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT

**MOTION TO PROCEED IN FORMA PAUPERIS**

COMES NOW, **(Petitioner or Plaintiff)** **(Client's Name)**, by and through **(his or her)** undersigned counsel, and moves this honorable Court to allow **(him or her)** to proceed with this matter *in forma pauperis*, and in support thereof would show the following:

1. **(Petitioner or Plaintiff)** has filed a **(name of underlying complaint or petition)** in this Court, and because of **(his or her)** poverty, **(he or she)** is unable to pay the costs of this matter.
2. **(Petitioner or Plaintiff)** has filed a Pauper's Affidavit and Income Questionnaire in support of this motion.

WHEREFORE, PREMISES CONSIDERED, **(Petitioner or Plaintiff)** respectfully requests that this Court find that **(he or she)** is unable to pay the costs of bringing this action, and order that Petitioner may proceed *in forma pauperis* in this cause.

RESPECTFULLY SUBMITTED, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Attorney Name)

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI

\_\_\_\_\_

PETITIONER

v.

CAUSE NO: \_\_\_\_\_

\_\_\_\_\_

RESPONDENT

PAUPER'S AFFIDAVIT AND INCOME QUESTIONNAIRE

PAUPER'S AFFIDAVIT

I, (Petitioner or Plaintiff) (Client's Name), do solemnly swear that I am a citizen of the State of Mississippi, and, because of my poverty, I am not able to pay the cost or give security for the same in this civil action and that, to the best of my belief, I am entitled to the redress which I seek by such suit.

\_\_\_\_\_  
(Client's Name), Petitioner

INCOME QUESTIONNAIRE

How many persons live in household (including (Client's Name))? \_\_\_\_\_

What is/are their relationship(s) to (Client's Name)? \_\_\_\_\_

Please fill in the amount received each month by each person in the household for each category:

	(Client's Name)	Person 2, if any	Person 3, if any
Salary	_____	_____	_____
Food Stamps	_____	_____	_____
Welfare	_____	_____	_____
A.D.C.	_____	_____	_____
Social Security	_____	_____	_____
S.S.I.	_____	_____	_____
Unemployment	_____	_____	_____
V.A. Benefits	_____	_____	_____
Retirement	_____	_____	_____
Child Support	_____	_____	_____
Other	_____	_____	_____
Totals:	_____	_____	_____

Total Monthly Household Income: \_\_\_\_\_

STATE OF MISSISSIPPI

COUNTY OF \_\_\_\_\_

Personally appeared before me, the undersigned authority in and for the aforesaid county and state, the undersigned (Client's Name) who, after being by me duly sworn on oath, stated that the facts and allegations set forth in the foregoing Pauper's Affidavit and Income Questionnaire are true and correct as therein stated.

SWORN TO AND SUBSCRIBED before me on this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_