

KENTUCKY LEGAL AID RETAINER AGREEMENT

Kentucky Legal Aid (KLA) and I agree that:

1. KLA will represent me on the following case: _____

2. I understand that KLA will not file an appeal to an appellate court on my behalf without written authorization to do so from the Executive Director or Associate Director of KLA.
3. KLA will not charge me for services provided but I may be responsible for payment of other costs such as filing fees, discovery expense, or medical reports.
4. I will keep all appointments with KLA and attend all hearings which I am told to attend.
5. I will make every effort to obtain all requested information and papers concerning my case.
6. I understand that KLA will not settle my case without my permission and that I may tell KLA to stop representing me at any time.
7. KLA may stop representing me for certain reasons. Some reasons would be if I do not cooperate, if I do not provide information about changes in my address, phone number, income, if my case no longer meets program priorities, or if I become financially ineligible.
8. I may complain if I do not like the work being done on my case or if KLA tells me they are going to stop representing me. I have read the grievance procedure which tells me how to complain and have received a copy of the grievance procedure and this form.
9. Everything I have told KLA about me, my finances, and my case is true to the best of my knowledge. I verify that the information on the eligibility form is accurate to my knowledge. I will notify KLA as soon as possible if my address, phone number, employment, or income changes. I will also notify KLA of any changes in my case.
10. I also authorize KLA to verify information regarding my finances and authorize KLA to obtain information from the Social Security Administration, any past or present employer, any bank or financial institution, and any state or local officials regarding my income or finances.
11. I understand that KLA will destroy my file seven years after closing my case and I will get any papers I want out of my file before my case is closed.
12. I consent to my file information being transmitted by electronic means and further consent to file information being reviewed by KLA's independent auditors and/or funding sources.
13. If I have client trust funds deposited with KLA and KLA is unable to locate me for a period exceeding four years from the date my case has been closed, I authorize KLA to transfer my funds to KLA as a donation.
14. I am a citizen of the United States.
 I have been determined by KLA to be an eligible alien and I have signed an Eligible Alien Determination Form.

_____/_____
Client Date

_____/_____
Casehandler for KLA Date