WAUKESHA COUNTY CLERK OF COURTS FAMILY LEGAL CLINIC

Manual for Volunteer Attorneys

Welcome

The Waukesha County Family Court and our community partners welcome you as a volunteer attorney and hope your work will be a mutually satisfying experience. This handbook has been designed to familiarize you with the Family Legal Clinic, and to serve as a guide to the operation and procedures of the Family Legal Clinic.

The Waukesha County Family Legal Clinic is sponsored by the Waukesha County Clerk of Court's Office. The Program provides self-represented litigants accessing the Waukesha County Family Court with the opportunity to receive twenty minutes of free, Family Court related, legal advice from a volunteer attorney and to provide an organized program through which attorneys can provide pro bono services to individuals in Waukesha County. The Family Division's role is as a referral agency, connecting those in need with volunteer attorneys.

We hope that you will benefit from your volunteer experience, and welcome you as a member of the growing community of individuals whose lives have been enriched by their efforts to help others.

Policies & Procedures

Hours of Operation/Location

<u>The legal clinic will operate on Wednesdays from 3:00-4:30 p.m. excluding holidays.</u> The Family Legal Clinic will be conducted out of the Waukesha County Clerk of Circuit Court Family Division, and closely located conference rooms. Staff reserves the right to cancel Legal Clinic due to staffing shortages or other reasons.

Client Eligibility

The Family Legal Clinic will be available to the following individuals:

- ONLY those persons who have a Waukesha County Family case.
- ONLY those persons who do not already have an attorney.
- ONLY those persons who have questions related to family court matters (pre or post judgment divorce or legal separation and post-judgment paternity issues).
- Individuals of any income level and no fee is required.
- Opposing parties to a case will be referred to different volunteer attorney.
- Individual cannot have used the Legal Clinic previously.
- NOTE: Family Court Staff reserves the right to deny appointments at their discretion.

Scheduling Appointments

Potential Family Legal Clinic users schedule appointments by calling (262) 548-7544 or by making a request via the Waukesha County Family website. There will be a maximum of 4 clients per volunteer attorney scheduled.

Service Expectations

Volunteer Attorneys must:

- Have a law license in good standing in the State of Wisconsin,
- Be willing to donate at least two hours to the Family Division Legal Clinic at one time
- Have permission from the law firm for which they work.

Volunteer Attorneys will be expected to do the following for clients:

- Provide short-term, limited, legal services such as those listed below, as well as other services at their discretion.
- Explain how to start certain family law actions
- Explain what forms to use and where to get them
- Explain court rules, court procedures, and case schedules
- Refer to other court and community resources
- Review finished forms to make sure they are complete and accurate
- Provide legal options available based on the information individuals have presented
- Explain what information and documents individuals will need to present their case in court.

Attorneys are not expected to do the following for clients:

- Fill out forms for individuals
- Predict or guarantee the outcome of a case or how judges/commissioners will rule
- Be responsible for the accuracy or legal effects of the information contained in any written or verbal instruction given
- Be responsible for the accuracy of the information contained in any forms or papers filed or used in court

Attorneys can also

- Decline to meet with individuals if they determine they can no longer assist them.
- Ask individuals to leave the office immediately if they make any verbal or physical threats or sexual advances toward any persons or property.

Dismissal of a Volunteer

Volunteer attorneys may be asked to not return for failure to comply with the provided policies and procedures, revocation or suspension of their law license, inappropriate solicitation of Family Division Legal Clinic Clients, alcohol or drug use while volunteering, or consistently canceling Family Division Legal Clinic commitments

Court Responsibility

Staff will do the following before each Family Legal Clinic:

- Create and organize a folder for each client containing the original **Blue Intake Form,** and a blank **Attorney Recommendation Form.**
- Confirm the appointments by phone with each client the day prior.
- Confirm the volunteer attorney's appearance. Staff will email a PDF copy of the Family Division Legal Clinic calendar. The calendar will include the case number, caption, names of both parties, and a short description for the reason of the appointment. The volunteer attorney will utilize this to conduct an in-office conflict check.

Attorney Responsibility

Conflict of Interest

Supreme Court Rule 20:6.5 allows attorneys volunteering in this type of program to assist clients without doing a formal systematic conflict check. However, as a courtesy to the attorneys, staff will send a list of the litigants, opposing parties, and case numbers to the attorney to conduct an in-office conflict check. If after the in-house conflict check or a client is recognized the day of the Clinic, the attorney recognizes a personal conflict or that of another member of his/her law firm, he/she will need to alert staff.

If there is a conflict, the attorney may still meet with the client as long as he/she is compliant with SCR 20:1.7, SCR 20:1.9(a), & SCR 20:1.10 **OR** the attorney may prefer that the staff reschedule the individual to another attorney that day or another day.

Note: According to SCR 20:6.5, personal disqualification of one attorney in the program does not affect other participating attorneys.

Meeting with Clients

Client Arrival

The client must check-in with the Family Division Office at least fifteen (15) minutes before their appointment. Once checked in, staff will review and complete the Disclaimer Form with the client and will help the individual get prepared to work with the attorney in the following ways:

- Answer basic procedural questions and provide information about court rule, practices and terms
- Provide forms and review them for completeness

Volunteer Attorney Arrival

Volunteer Attorneys should arrive at least ten (10) minutes before their scheduled Family Division Legal Clinic. Family Division Staff will provide the prepared file containing the Disclaimer and Attorney Recommendation forms for review before the Clinic begins.

Please be on time. If you are unable to attend or are going to be late please let the Family Division staff know as soon as possible.

Procedure during meeting with Volunteer Attorney and Client

- If the person does not speak English, the interpreter shall fully translate and explain to the person the content of the Disclosure Form before he or she signs it. The person translating should add near the signature, "translated by" and include his or her name.
- The volunteer attorney will meet each client in the Family Division to escort him/her into a conference room. For the portion of time that the client is alone with the volunteer attorney, there is an expectation of attorney-client privilege. That expectation does not apply to general use of the Family Division Legal Clinic; however, we will try to keep a high level of respect for all customers as is done during regular business hours.
- At the conclusion of the consultation, the volunteer attorney will take a few minutes to complete the **Attorney Recommendation** form. The volunteer attorney must go over their recommendations with the client and **have all parties present sign the form.**
- Finally, the volunteer attorney will escort the client back to the Family Division. The Family Division Staff will:
 - Make one *copy* of **Disclaimer** and **Attorney Recommendation Forms** for the client.
 - Make one *copy* of **Disclaimer**, **Attorney Recommendation Form** and **Blue Intake form** for the volunteer attorney to take with them when they leave at the end of Family Division Legal Clinic.

Departure

Upon your departure, a copy of the Waukesha County Family Legal Clinic Disclaimer For, Family Legal Clinic Attorney Recommendation Form and Blue Waukesha County Family Court Intake Form with be given to you for your records.

Retaining Family Division Legal Clinic Volunteer Attorneys

Individuals may hire the attorney from whom they received assistance; however, the Family Division Legal Clinic **shall not be used** for the sole purpose of convincing a litigant to retain that volunteer attorney. At the conclusion of the consultation, the volunteer attorney may provide his/her business card to the client for future use.

Forms

- A. Attorney Volunteer Registration Form
- B. Legal Clinic Intake Form (Blue)
- C. Disclaimer Form
- D. Attorney Recommendation Form

WAUKESHA COUNTY FAMILY LEGAL CLINIC Waukesha County Courthouse 515 W. Moreland Boulevard Waukesha, WI 53188 Phone (262) 548-7544

ATTORNEY VOLUNTEER REGISTRATION

Please Print Name/Last:	First:	Middle Initial:
Name of Law Firm	Email address:	
Business Address:		
City:	Zip:	
Work Phone#:	Cell Phone#:	
Does your firm know and approve of	of your volunteer work with the Family	v Legal Clinic? □ Yes □ No
Do you currently perform pro bon	a work? □ Yes □ No How many h	nours per year?
Are you bi-lingual? □ Yes □ No	What other language(s) do you speak?	
In Case of Emergency, Please No Name:	otify: _Phone:Ro	elationship:

The Family Division Legal Clinic is held on Wednesdays from 3:00-4:30 p.m. in Family Court Office in the Waukesha County Courthouse. During which time volunteer attorneys will be assisting up to four customers.

How often are you willing to volunteer?

I am willing to commit to _____ Wednesdays per year (we request at least 4 clinics per year) Other Comments:

I acknowledge that I have reviewed the Waukesha County Clerk of Courts Family Legal Clinic - Manual for Volunteer Attorneys. The manual can be located on the Waukesha County Family Legal Clinic webpage. Date: ______Signature:._____

Please return your completed form to:

Family Court Office (Legal Clinic), 515 W. Moreland Blvd, Waukesha, WI 53188, Fax: 262-548-7546

WAUKESHA COUNTY FAMILY COURT LEGAL CLINIC INTAKE FORM

- 1. Name:
- 2. Daytime Phone Number:
- 3. Case Number(s):
- 4. Name of Other Party:
- 5. Do you have an attorney? YES NO
- 6. Have you previously used Waukesha County Legal Clinic? YES **NO**
- 7. Do you have any special needs regarding language or other disabilities that we need to accommodate for? {If yes, please explain)
- 8. Please explain in detail why you want to see an attorney with the Legal Clinic? What is it that you would like to see done?
- 9. Have you reviewed the information available on http://courtselfhelp.waukeshacounty.gov?

Waukesha County Family Legal Clinic Disclaimer Form

Guidelines

- You are limited to no more than **20 minutes** with the attorney.
- The attorney who will consult with you today can only give you limited legal advice based on the facts and information you provide to him/her in the 20-minute appointment time.
- The attorney you will see does not represent you in any court matters. You cannot write his/her name on any court documents or make statements to the court or any party that the attorney represents you.
- PRIVACY: Attorney-Client privilege exists for the portion of time that the client is alone with the attorney. That privilege does not apply to general use of the Court Self-Help Center.
- The law does not require you to have an attorney. However, the Court Self-Help Program encourages all litigants to do so. If you choose to represent yourself, you are required to follow the rules of the court. You may choose to hire any attorney, including the attorney you meet with today.

Who attorneys may help at the Legal Clinic:

- Attorneys can only assist those persons who do not have an attorney.
- Attorneys can only help persons if their question is related to family court matters (divorce, legal separation, annulment, child support, custody, or visitation issues, maintenance, or paternity).

Attorneys at this clinic can assist with the following:

- How and the best way to start certain family law actions;
- What forms to use and where to get them;
- · How to phrase answers in forms/documents;
- Court rules, court procedures, and case schedules;
- · Other court and community resources;
- Legal options available to you based on the information you provide to him/her;
- What information you will need to present your case; and
- Review legal content of forms after you have completed them.

NOTICE: Attorneys can

- Decline to meet with you if they determine they can no longer assist you.
- Ask you to leave the office immediately if you make any verbal or physical threats toward **any** persons or property or if you make any sexual advances toward any person.

Attorneys at this clinic cannot:

- Fill out forms for you.
- Predict or guarantee the outcome of your case or how judges/commissioners will rule.
- Be responsible for the accuracy or legal effects of the information contained in any written or verbal instruction they may give you.
- Be responsible for the accuracy of the information you provide to the court.

NOTE: This is only a 20 minute consultation. If you feel you have questions that are complex and will require long explanations and lengthy document review, this clinic is not for you. We recommend that you hire an attorney.

I have either read or been read the information stated above and fully understand it.

Signature: _____

Date_____

Print Name: _____

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CONFIDENTIAL-FOR ATTORNEY/CLIENT USE ONLY

Family Legal Clinic ATTORNEY RECOMMENDATION FORM

Purpose: To provide the client with written direction AND to provide the attorney with a record of the consultation. Copies are not retained on file in the Family Division Legal Clinic.

Please remember: The limited advice provided can only be as good as the information disclosed.

Advice/Assistance Provided:

I understand that the attorney does not assume responsibility for the accuracy or legal effects of the information contained in any written or verbal instruction he/she has given me today.

I understand that the attorney does not assume responsibility for the accuracy of the information I have in any forms or papers I file or use in court.

I understand that the attorney only gave me limited legal advice based on the facts and information that I provided to him/her in the 20 minute appointment.

I understand that the attorney who assisted me does not represent me in any court matters and I cannot write his/her name on any documents. I may however choose to hire ANY attorney in the future including the one I saw today.

Client Signature	
Printed Name	
Date	
Attorney Signature	
Printed Name	
Date	