

STATE OF HAWAI'I
FAMILY COURT
FIRST CIRCUIT

**AGREEMENT AND CONSENT
TO LIMITED REPRESENTATION**

CASE NO.

v. Plaintiff/Petitioner,

Defendant/Respondent.

COURT USE ONLY

This document is submitted by:

☐ Attorney for ☐ Plaintiff/Petitioner
☐ Attorney for ☐ Defendant/Respondent

Name

Address

City, State, Zip Code

Telephone Number

Agreement and Consent to Limited Representation

In order to help you with your legal needs, you, _____, the client ("Client"), and _____, the attorney ("Attorney"), agree that Attorney will provide limited representation to help you with a specific legal matter for a short time or for a particular purpose.

Attorney must act in your best interest and give you competent help. It is important that you be aware, however, that even after Attorney and you agree that Attorney will provide limited help:

- Attorney DOES NOT HAVE TO GIVE MORE HELP in this limited representation than Attorney and you have agreed upon; and
- Attorney DOES NOT HAVE TO HELP WITH ANY OTHER PART of your legal matter.

In performing the limited legal services, Attorney:

- Is not promising any particular outcome; and
- Is relying entirely on your disclosure of facts and will not make any independent investigation unless such an investigation is expressly agreed to in writing in this document.

I, the Attorney, agree to help you by performing the limited services listed below and no other service, unless we revise this agreement in writing.

(Initial each applicable section)

_____ Preparation of Pleadings and Documents: Draft pleadings, motions, and other documents. (If I am not appearing in court on your behalf, the pleadings, motions, and other documents will conspicuously display the following statement: "This document was prepared with the assistance of an attorney.")

(Optional) List of documents: _____

_____ Court Appearances: I will appear in court for the limited purpose of: _____

_____ Discovery: Perform discovery by interrogatories, depositions, production of documents and/or request for admissions.

_____ Settlement: I will appear on your behalf to negotiate a settlement (i.e., mediation, settlement conference, etc.)

_____ Other: _____

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| STATE OF HAWAII FAMILY COURT FIRST CIRCUIT | AGREEMENT AND CONSENT TO LIMITED REPRESENTATION (Page 3 of 4) | CASE NO. |
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Attorney will charge to Client the following costs: _____

Attorney will charge to Client the following fee for the limited legal representation:

CLIENT'S CONSENT

I have read this Agreement and Consent to Limited Representation and I understand it. I agree that the legal services listed above are the ONLY legal services to be provided by Attorney. I understand and agree that Attorney who is helping me with these services is not my attorney for any other purpose and does not have to give me more legal help. I agree to provide my cooperation to Attorney, including providing Attorney with sufficient information to responsibly provide the limited assistance I am seeking, and agree that failure to provide such cooperation may serve as a basis for Attorney to withdraw from limited representation. I also understand Attorney will stop helping me when the services listed above have been completed. I have been informed of, and Attorney has explained to me, the material risks of and reasonably available alternatives to this proposed limited representation.

I understand that when the legal services listed above have been completed, Attorney may file a "Notice of Withdrawal of Limited Appearance" and must give me notice. I further understand

that if I object to Attorney's withdrawal, I will have fourteen (14) days from the filing of this notice to file an "Objection to Notice of Withdrawal of Limited Appearance" in compliance with Rule 11.1(b) of the Hawai'i Family Court Rules. Attorney may also file a motion to withdraw as counsel, in which case Attorney must provide me with notice to give me the opportunity to respond.

I understand that this Agreement and Consent to Limited Representation may be filed with the court "in camera," which means that it can only be viewed by the court.

In exchange for Attorney's limited representation, I agree to pay Attorney's fees and costs described above.

Signature of Client: _____ Date: _____

Print Client's Name: _____

The address I give below is my permanent address where I can be reached:

Client's address: _____

Phone number: _____ Fax number: _____

Message phone number: _____

Name of person with whom messages for you may be left: _____

Email address: _____

Attorney has reviewed this Agreement and agrees to the terms.

Attorney's Signature: _____ Date: _____

Print Attorney's Name: _____



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) days prior to your hearing or appointment date.

*Please call the Family Court Service Center at **954-8290** if you have any questions about forms or procedures.*