# STATE OF HAWAI'I FAMILY COURT AGREEMENT AND CONSENT TO LIMITED REPRESENTATION CASE NO. COURT USE ONLY This document is submitted by: Attorney for [ ] Plaintiff/Petitioner Plaintiff/Petitioner, Attorney for [ ] Defendant/Respondent Name Address City, State, Zip Code Defendant/Respondent. 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.

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service, unless we revise this a  (Initial each applicable section)  Preparation of Pleading documents. (If I am no other documents will co	ou by performing the limited services listed below and no other agreement in writing.  Is and Documents: Draft pleadings, motions, and other appearing in court on your behalf, the pleadings, motions, and onspicuously display the following statement: "This document assistance of an attorney.")  ments:
-	<del>-</del>
Court Appearances: I v	vill appear in court for the limited purpose of:
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<u>Discovery</u> : Perform disc and/or request for admi	covery by interrogatories, depositions, production of documents ssions.
<u>Settlement</u> : I will appear settlement conference,	ar on your behalf to negotiate a settlement (i.e., mediation, etc.)
Other:	

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ttorney will charge to Client the following costs:	
attorney will charge to Client the following fee for the limited legal repres	entation:

#### **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

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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.

<u>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.</u>

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	s where I can be reached:			
Client's address:				
Phone number: F	ax 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:				