

**UNITED STATES CITIZENSHIP ATTESTATION**

I certify that I am a citizen of the United States of America.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If you are not a U.S. citizen, we have to determine if you are eligible for our help as a non-citizen. Appropriate documentation must be reviewed. To do this, our staff will help you fill out a Legal Aid of West Virginia ELIGIBILITY QUESTIONNAIRE-NON-CITIZEN STATUS form.

**Advocate Retainer Agreement**

I am seeking advocacy services for \_\_\_\_\_  
(name of client) on behalf of myself, my dependent, or person for whom I am legally permitted to act on their behalf.

The advocate is agreeing to assist me with the following: (check all that apply)

- Mental Health, Behavioral Health, and/or Substance Use Disorder treatment provider/services
- Housing Issues
- Social Security Issues
- Guardian, Payee, and/or Conservator Issues
- Treatment Planning
- Other: (clear description required)

Please initial each statement that applies:

\_\_\_\_\_ I understand that this agreement is between myself and my advocate.

\_\_\_\_\_ I understand that my advocate is **NOT** an **ATTORNEY**.

\_\_\_\_\_ I understand that I can request my case be referred to an attorney if issues arise that would meet the level of need for an attorney.

\_\_\_\_\_ I understand that if my case is referred to an attorney that I will only be provided an attorney if I meet program guidelines, and if the attorney agrees to take my case after I have a consultation with the attorney.

\_\_\_\_\_ I understand that assistance will be provided to me for free by Legal Aid of West Virginia. If there are costs that cannot be waived, Legal Aid may ask me to pay them if I am able. If I am not able, Legal Aid might be able to pay these costs.

\_\_\_\_\_ I understand that my information is confidential. Legal Aid of West Virginia will not disclose my confidential information without my permission, except as permitted or required by the legal ethical rules of West Virginia.

\_\_\_\_\_ I understand it is my responsibility to keep Legal Aid and my advocate aware of any changes in my contact information.

\_\_\_\_\_ I understand that I may discontinue services at any time. Discontinuing services does not affect my ability to request services in the future.

\_\_\_\_\_ I understand that I have a right to file a complaint about the services I am receiving.

\_\_\_\_\_ Legal Aid of West Virginia may stop representing me, but only when there is a good reason for doing that. If I do not cooperate with instructions Legal Aid gives me, don't provide complete or truthful information about my case, don't stay in touch with Legal Aid or if I do not report changes in my phone number, address or income, Legal Aid may have to stop helping me. Legal Aid will only stop representing me after telling me the reason and giving me a chance to explain why representation should not be ended.

\_\_\_\_\_ **(For Guardians/Legal Representatives only)** I have been counseled that my dependent/principal is the client of the Behavioral Health Advocacy program and as their guardian/legal representative I am authorized to make decisions for them or on their behalf. However, if there comes a point in the process where the advocate determines that the decisions I am making are not in their client's best interest, the advocate may discontinue advocacy services, but only after discussing the issue with me.

\_\_\_\_\_ **(For Guardians/Legal Representatives only)** I understand that I must provide Legal Aid of West Virginia with a copy of legal documentation that gives me decision making authority. I also understand that should that authority be removed, I am required to inform the advocate immediately.

Legal Aid of West Virginia will give me a copy of this Advocate Retainer Agreement after it has been signed by myself and the advocate, and at any future request.

By my signature below and my initial above, I am indicating that I have read, or have had read to me, and understand the Advocate Retainer Agreement.

\_\_\_\_\_  
Signature of Client/Guardian/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Aid of West Virginia Advocate

\_\_\_\_\_  
Date