

**Okaloosa County Law Library  
Ask a Lawyer Program**

***Please fill out this form and provide a signature on the disclosure form below. Consultations can only be scheduled when both a Request and signed Disclosure Form are received at the OCLL office.***

**Please return both pages of this form to the Okaloosa County Law Library upon completion.**

ALP only assists with legal matters in Okaloosa County, Florida

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please select the topic(s) that best describe your primary legal issue:

- \_\_\_\_\_ Bankruptcy
- \_\_\_\_\_ Collections (credit card lawsuit/debt collection)
- \_\_\_\_\_ Contracts / Warranties
- \_\_\_\_\_ \_\_\_ Divorce / \_\_\_ Custody / \_\_\_ Child Support
- \_\_\_\_\_ Employment
- \_\_\_\_\_ Estate Probate
- \_\_\_\_\_ Landlord / Tenant
- \_\_\_\_\_ Small Claims
- \_\_\_\_\_ Assistance with Forms Packet
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Is another person or organization involved (opposing party)?

What is their name:

\_\_\_\_\_

Are you currently represented by counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear of ALP? \_\_\_\_\_ Internet search \_\_\_\_\_ Friend \_\_\_\_\_ Public Library

\_\_\_\_\_ Social Media \_\_\_\_\_ Other: \_\_\_\_\_

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Official Use:    Date Received: \_\_\_\_\_

    Scheduled    Date: \_\_\_\_\_

                  Time: \_\_\_\_\_

                  Attorney: \_\_\_\_\_

## Client Disclosure Form

Welcome to the Ask a Lawyer Program (“ALP”) at the Okaloosa County Law Library! This program is designed to provide you a brief consultation with an attorney to provide general legal information, referrals to public agencies or legal service providers or a referral to a lawyer referral service. If you already have an attorney, ALP will not be able to help you. This program is for individuals who are not currently represented by an attorney.

The volunteer attorney providing you with the brief consultation is not “your attorney” and does not represent you. By consulting with the volunteer attorney, any attorney-client relationship is not created. The attorney will provide general legal information during your consultation. The volunteer attorney will not go to court, appear at any legal proceeding, file any documents or take any other action on your behalf. The scope of the services provided by the volunteer attorney are limited to the advice at the time of your consultation. If you need additional legal advice outside your consultation with the volunteer attorney, you should consult with an independent attorney. Furthermore, ALP nor the Okaloosa County Law Library staff will provide you with additional legal advice outside of the one consultation, and there is no attorney-client relationship between you and any person associated with ALP and the Okaloosa County Law Library.

All communication between you and the volunteer attorney with whom you consult will be treated as confidential. However, you agree ALP, the Okaloosa County Law Library or the volunteer attorney may provide information and assistance to other parties or individuals whose interests are not aligned with yours. Furthermore, you agree to waive any potential conflict of interest between yourself and whomever the volunteer attorney consults with.

You must be present in the wait area of Zoom or you will lose your slot and have to reschedule. While you wait, please keep your microphone muted. No recordings, visual or audio, of your meeting with the volunteer attorney, are permitted.

By signing below, you acknowledge and consent to the terms of this Disclosure Form and you also agree and acknowledge ALP nor the Okaloosa County Law Library are responsible for the content or accuracy of any legal information or advice you may receive during the program or the outcome of your case or matter.

**I have read this Disclosure or have had it read to me. I understand this document and hereby release the Okaloosa County Law Library and any attorneys present from any claim, liability or damages arising out of or in connection with receiving information or assistance under this program.**

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**Name:**

**Date:**

**Address:**

**Phone:**