



EVICTON PREVENTION AND INTERVENTION COALITION (EPIC)

LIMITED REPRESENTATION WAIVER

I, _____ understand that _____
(Client & SSN) (Attorney)

is providing legal services to me as an EPIC volunteer on this date only and that if
_____ is continued to another date
(Case)

the Attorney will not represent me. I understand that the Attorney will not represent me with reference to
this case after today and will not represent me in an appeal.

BY SIGNING BELOW, Client states that s/he has read and understands the Waiver.

CLIENT

DATE

2nd Household Member

DATE

3rd Household Member

DATE