



## **CBST Clinic Interpretation & Consultation Agreement**

### **I understand and agree to the following:**

1. I understand that I may meet with an attorney or accredited representative, who will identify themselves as an attorney or accredited representative, and who will:
  - Ask me questions about my case;
  - Provide me with advice about how to respond to the questions asked in the 1-589 application for asylum;
  - Provide me with advice about how, where and when best to file my 1-589 application for asylum;
  - Provide me with information about what to expect after I file my 1-589 application for asylum;
2. I understand that the attorney or accredited representative that I will meet with will not represent me in my case and is not my attorney or accredited representative. I understand that the attorney or accredited representative is only completing a consultation with me today and that this service will conclude upon the completion of this meeting.
3. If I have any further questions about my immigration status or about any other legal issues discussed today, I should consult an attorney on my own.
4. Congregation Beit Simchat Torah and the volunteer attorney are not responsible for any information, advice or assistance that I have obtained in the past or will obtain in the future from any other attorneys or legal professionals.
5. I understand that I may meet with a non-attorney interpreter, who will identify themselves as someone who is not qualified to give legal advice, and who will:
  - Translate the questions on the 1-589 so I can understand them in my native language;
  - Translate my responses to the questions on the 1-589 so that my response can be typed in English into the application;
  - Assist me in communicating with the attorney if necessary;
6. I understand that the non-attorney interpreter cannot provide me with any legal advice, such as telling me how to answer a question on the 1-589 or move forward with my case. I understand that the non-attorney interpreter is here only to translate the questions asked on the 1-589 and to translate and/or transcribe my answers onto the 1-589 form.
7. I understand that everything I discuss with an attorney or a non-attorney interpreter will be kept confidential to the full extent permitted by the law and required by lawyers' ethical rules. I authorize the release of my case information by staff of the Ark at CBST solely for the purpose of finding me legal representation or making referrals to address other needs.
8. I understand that there is no cost for this meeting.
9. This agreement has been read and/or explained to me in a language that I understand.

**Please sign and date on the following side:**

*Last Updated: 12/31/2019*

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Date

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Print Your Name (Friend's Name)

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Signature (Friend's Signature)