

UNDERSTANDING, WAIVER AND RELEASE
(To be signed by each interviewee)

I understand that Attorney _____ is an independent Christian attorney who has agreed to provide me with a one-time interview, advice and possible referral to others for a legal (and sometimes a spiritual) problem which may be offered on a spiritual, Biblical or a Christian as well as on a legal basis. The attorney is acting solely on his or her behalf and not on behalf of any other person, firm or corporation and the attorney is using only the attorney's independent advice and judgment. The attorney is solely responsible for any such advice and/or action or lack of advice and/or action and is not supervised, controlled, endorsed or monitored by any other person, firm or corporation. The attorney is not "my attorney" for any matters I may present to the attorney; and if I wish to be represented by an attorney, I will seek legal representation or help of other persons or organizations such as a legal aid society, a public defender or attorneys in private practice.

As a condition of being interviewed, I do hereby on behalf of myself, my heirs, administrators, executors and assigns unconditionally RELEASE and/or WAIVE claims of any kind arising out of or related to the advice, referral or service or the lack of any such advice, referral or service which I may now or at any time in the future have against The Rock at Noon Day, Steelbridge (formerly known as Albuquerque Rescue Mission), Joy Junction, The Good Shepherd Center, Victory Outreach, New Mexico Women's Recovery Academy, Crossroads, New Mexico Christian Legal Aid, Inc., Albuquerque Christian Legal Aid, Christian Legal Society, or any affiliate or local chapters or agencies of any of the above and against any of their agents, servants, employees, representatives or attorneys.

Dated _____ Signature _____ Witness _____

DISCLOSURE AND CONSENT

I consent and authorize New Mexico Christian Legal Aid, Inc. and any attorney who has interviewed me or any of their agents, servants, employees, representatives or attorneys to discuss my matter or view my file to the extent they deem necessary in their sole discretion in order to provide advice, referral or service or for the purposes of evaluating such advice, referral or service or for statistical, research, or academic purposes including the disclosure of any personal or confidential records or information which may be needed in connection therewith on behalf of myself and any of my heirs, administrators, executors and assigns.

Dated _____ Signature _____ Witness _____