



Houston Small Business Legal Consultations (HSBLC)

LIMITED SCOPE SERVICES ACKNOWLEDGEMENT AND WAIVER

I, as an authorized representative of a small business harmed by the coronavirus pandemic, understand and agree to the following terms:

1. Private law firms and the City of Houston Office of Business Opportunity have come together to offer free, limited guidance to small businesses in Houston facing an existential threat to their businesses from the pandemic. This pro bono advice is designed to help small businesses with legal issues and with navigating loan and grant relief programs.
2. Law firms, also struggling with the pandemic, and also abiding by local and state public health orders, are dislocated from their offices. With social distancing in effect and large gatherings prohibited, the limited-scope consultations will be virtual or telephonic.
3. Small businesses participating in the program will be screened by the City of Houston, Pro Bono Counsel or a community-based organization, and then matched with lawyers from a participating law firm, who will try to address my businesses legal needs and offer guidance on loan and grant programs as best they can. All participating counsel in this coalition of law firms are hereinafter referred to as "Volunteer Attorneys."
4. By signing below, I acknowledge that I have been screened and provided information as accurately as possible. I understand that, in helping me, the Volunteer Attorneys are limited to the information and cooperation that I provide, and cannot guarantee that they can fully answer all of my questions or meet all of my needs, but rather will make their best efforts.
5. The Volunteer Attorneys do not represent me in any ongoing capacity. The Volunteer Attorneys' services are limited to a virtual or telephonic consultation, which does not guarantee the success of my business. Any business decisions that I make thereafter are undertaken at my own risk.
6. Unless agreed to in writing, the Volunteer Attorneys are not bound to help me in any capacity after the telephonic consultation and will assume no liability regarding the outcome of my legal problems. I will not seek to hold liable any Volunteer Attorneys -- or their law firms -- in any way for any alleged harm arising out of the consultation or related in any way to the pandemic.
7. Volunteer Attorneys will treat our consultation as confidential to the full extent permitted by the law and required by applicable ethics rules.
8. The Volunteer Attorneys may have an existing conflict of interest in providing advice to me at this time or such a conflict may arise in the future. Unless the Volunteer Attorneys have actual knowledge that providing advice during the consultation involves a conflict of interest, I agree to waive any such conflict arising out of the matters discussed during the consultation.
9. If the Volunteer Attorneys decide, at their sole discretion, to provide my business with ongoing representation on any legal issues, or guidance regarding loans and grants, that decision will be reflected in a separate written agreement between an authorized representative of my business or the Volunteer Attorneys or their organizations.



I have reviewed this agreement, and fully understand and agree to all the terms above.

Your Name (print)

Volunteer Attorney

Your Signature

Organization

Name of Business

Date



Houston Small Business Legal Consultations (HSBLC) Limited Scope Legal Service Intake Form

1. Name of Business:

2. Location of Business:

Address:

Address 2:

City/Town:

State/Province:

Zip/Postal Code:

3. Name of Business Owner/Representative and Contact Information:

Owner Name	Phone Number	Email Address

Add more owners

Name	Phone Number	Email Address

4. Description of Business:

5. Years in Business:

6. Avg. Monthly Revenue in 2019:

7. Avg. Monthly Revenue Currently:

8. Total (estimated) Household Income of each owner and household size:

Owner Name	Household Income	Household Size

9. Preferred language for the consultation:

- English
- Spanish
- Other (*please specify*)



10. **Optional:** We request demographic information in order to better understand how the pandemic is affecting our city businesses and how to improve the relief program. Answers are confidential and have no impact on eligibility for services.

a. Age:

b. Race:

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian or Asian American
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Prefer not to answer

Other (please specify)

c. Identify as LGBTQ? Y __ N__

d. Do you have a disability? Y __ N__

e. Are you a veteran? Y __ N__

11. How has your business been affected by the Coronavirus pandemic?

12. Do you need help navigating loan and grant programs, and if so, which?

13. Briefly describe each of the legal issues you are facing (e.g., contract, tax, lease, employment, intellectual property, insurance, etc.)