

## **Authorization for Representation**

1. I, \_\_\_\_\_, residing at  
\_\_\_\_\_  
\_\_\_\_\_,

authorize the Juvenile Defender Clinic at Suffolk University Law  
School (also called “the Clinic”) to represent me in connection with  
my delinquency case in Juvenile Court, docket number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I understand that the Clinic has only agreed to represent me in the  
matters listed above and that the Court is likely to appoint the Clinic  
to do so later today.

3. In addition to the case(s) listed in Paragraph 1, I have a school discipline case at my school, \_\_\_\_\_.
- I authorize the Clinic to represent me in that case too. I understand that representation in the school case may include students.
4. I understand that the Clinic has only agreed to represent me in the matters listed in Paragraphs 1 and 3 (if applicable). I understand that if I wish the Clinic to represent me in a matter not listed in Paragraphs 1 and 3, I need to discuss this with the Clinic and sign an additional Authorization for Representation Form.
5. The Clinic will not charge me a fee for the Clinic's representation. However, the Court may assess me or my family a fee because the Court has appointed the Clinic to represent me. I understand that I have to pay this fee to the Court.
6. I understand that the services of the Clinic are limited to people who are unable to afford legal representation based upon standard guidelines of indigency. If at any time in the future my family's income and/or assets exceed these guidelines the Court may determine that the Clinic is no longer able to represent me. If that happens, the Clinic will try to help me find a new lawyer.

7. I agree to cooperate with the Clinic on my case. I promise to do the following things:

- a. Tell the Clinic if my address and/or phone number changes;
- b. Come to all meetings with the Clinic (or call the day before if I am unable to keep an appointment); and
- c. Attend all court dates or other important appointments in the case.

8. I understand that the Clinic's representation of me includes the use of student attorney(s):

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admitted to practice under S.J.C. Rule 3:03. I understand that other student attorneys besides the person(s) listed above may work on my case. I understand that all student attorneys in the Clinic are, at all times, under the direct supervision of Vanessa F. Hernandez, Esq., who is a licensed attorney and member of the bar of the Commonwealth of Massachusetts.

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(Client)

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(Date)

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(Student Attorney)

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(Date)

\_\_\_\_\_  
(Client's Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Vanessa F. Hernandez, Esq.

\_\_\_\_\_  
(Date)