

Notice of Limited Scope Representation  
(Not for Family Law Cases)

Case Number:

In the (check one):  Circuit  District Court of \_\_\_\_\_ County, Alabama

\_\_\_\_\_  
Plaintiff's Name

v.

\_\_\_\_\_  
Defendant's Name

① Lawyer's Information

name \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

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

phone # \_\_\_\_\_ e-mail \_\_\_\_\_ fax # \_\_\_\_\_

② I am the lawyer listed in ①. I agree to provide limited scope representation to the (check one):  Plaintiff  Defendant  
My representation will include **only** the following services (check all that apply):

- a.  at the **hearing** (date): \_\_\_\_\_  and at any continuance of that hearing
- b.  at the **trial** (date): \_\_\_\_\_  and at any continuance of that trial
- until the court's order after that hearing  until the judgment

c.  **Other** (explain and give dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

③ The contact information for service for the party I will represent is:

party's name \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

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

phone # \_\_\_\_\_ fax # \_\_\_\_\_

④ The party must read and sign below:

I agree to the limited scope representation checked above. I understand that I may be asked to agree to other terms not mentioned on this form in order for this lawyer to represent me. I also understand that when the services checked above have been completed, I must get a new lawyer or represent myself.

Party signs here: \_\_\_\_\_ Date: \_\_\_\_\_

Lawyer signs here: \_\_\_\_\_ Date: \_\_\_\_\_

⑤ After signing above, the lawyer **must**:

1. Fill out the box to the right, then
2. Mail or deliver a copy of this form to the other party or his/her lawyer.
3. File the original of this Notice with the court clerk.

Certificate of Service — I certify that a true copy of this Notice was delivered or mailed to the other parties or their lawyer(s) on (date): \_\_\_\_\_.

Sign here: \_\_\_\_\_