



## **HEALTHRIGHT-LEGAL REPRESENTATIVE AGREEMENT**

The Human Rights Clinic (HRC) at HealthRight International (known as Doctors of the World-USA from 1990 to 2009) will seek to provide an expert medical, psychological and/or gynecological evaluation documenting your client's history of torture or other human rights abuse. Once a case has been accepted by HealthRight and an evaluation with an HRC clinician has been scheduled, HealthRight will issue an invoice to the client's legal representative for the agreed-upon administrative fee, unless otherwise agreed to in writing. **Payment is due from the Legal Representative within four weeks of invoice date.**

In addition, for each client for whom you use the HRC's services you agree to:

1. Read the "Introduction to the Human Rights Clinic" and understand the nature and limitations of this project.
2. Acknowledge that the HRC cannot guarantee a placement for clients. (If the HRC is unable to schedule an evaluation for your client, you will not be responsible for the fee).
3. Provide the HRC with a **completed intake form** for each client.
4. Provide the HRC with your client's detailed affidavit, I-589 narrative, credible fear statement or any other document in which your client has made a statement regarding the history of abuse.
5. Explain HRC procedures and policies to your clients.
6. Ensure your client understands the **HRC Client Consent Form** before client signs it.
7. **Keep the HRC informed of any relevant changes in the case**, namely any new hearing dates and filing deadlines as soon as you receive notice from immigration authorities.
8. Authorize the HRC to share information regarding your client with the examining clinician(s).
9. Take appropriate steps to ensure timely written authorization from ICE and detention facility authorities (as needed) for exams scheduled at detention centers.
10. Communicate to your client in a timely manner the evaluation appointment and directions sent to you by the HRC.
11. **Direct your client to NOT contact the HRC or the examining clinician directly or arrive at HealthRight offices for an exam.** Exams are never scheduled there.
12. Provide an interpreter for exams if one is needed.
13. Ensure that your client does not miss exams, and makes every effort to arrive on time for exams. **Clients who miss two scheduled exams will generally not be able to be seen by the HRC.**
14. Allow the HRC at least two weeks after exams to provide you with a draft affidavit.
15. Carefully review and return the affidavit draft, with your feedback, to the HRC within a reasonable amount of time (preferably one week) to ensure adequate time for edits.
16. Allow the HRC at least one week to revise the affidavit.
17. Recognize that a completed affidavit may take eight weeks or longer from date of receipt of the **completed intake** by the HRC.
18. Contact the HRC regarding the need for volunteer oral testimony as soon as possible and no less than two weeks prior to court hearings. Make arrangements to prepare volunteer clinician(s) for testimony. The preparation should include, at a minimum, informing the clinician(s) of the main purpose for clinician testimony, relevant court hearing procedures, basic requirements for establishing credibility and admitting expert evidence in immigration proceedings, the questions likely to be asked by the immigration authorities and opposing trial attorneys at the hearings, as



well as the rights of volunteer clinicians in providing testimony. Understand that HRC clinicians will only provide phone testimony.

19. Understand that volunteer clinicians may not be available to testify on the requested date and alternate arrangements may need to be made.
20. Have an answering service, voicemail, receptionist, email, or other mechanism for communicating with the HRC.
21. Update the HRC of the disposition of cases as soon as they are adjudicated.
22. **Inform the HRC at intake if you are seeking/have sought evaluations from other providers.**
23. **Inform the HRC if there are any pending legal cases against you, including suspension from practice.**

Please sign below to indicate that you understand and accept these conditions.

Legal Representative:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Supervising Attorney (if applicable):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_