



WSBA

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**Law Office Management Assistance Program**

**Disclaimer/Fee Agreement**

I, \_\_\_\_\_, have voluntarily sought the services of the Washington State Bar Association’s Law Office Management Assistance Program (LOMAP). I understand that I may terminate the services of LOMAP at any time and that LOMAP reserves the right to terminate its services to me at any time.

I expressly acknowledge that the scope of advice or information given by LOMAP personnel is limited to law office management and that I am solely responsible for determining whether my law office practices comply with the Rules of Professional Conduct. I understand that LOMAP is a law office management service of the Washington State Bar Association and that LOMAP personnel are neither authorized nor permitted to render legal advice or legal opinions of any kind and specifically with respect to the ethics of any of my law office practices or procedures. I understand that any questions I have about the ethics or legality of my office practices should be referred to private counsel or to the Washington State Bar Association Professional Responsibility Counsel. I understand that no advice or information given by LOMAP personnel is binding, and in no event does it constitute a defense in any disciplinary or other proceeding.

I further acknowledge that I recognize that the suggestions and advice provided by LOMAP personnel are the personal opinions of the advisor and should not be construed to be an official position of the Washington State Bar Association.

I further acknowledge that participation in LOMAP will not serve as a defense against any malpractice claims that may arise against me.

I further acknowledge that the services of LOMAP are rendered on a confidential basis but that LOMAP personnel will withdraw services if there is any perceived ethical misconduct noted.

I have agreed to pay for LOMAP services at the rate of \$\_\_\_\_ per hour. I expressly agree to make prompt payment of any charge for services rendered by LOMAP and understand that failure to make timely payment will result in termination of services to me.

Read and signed this \_\_\_\_\_ day of \_\_\_\_\_, 2009

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Bar Number