

INDIGENT REPRESENTATION AGREEMENT WITH ATTORNEY

STATE		ATTORNEY	
Tennessee Administrative Office of the Courts		NAME:	
PROGRAM:	Indigent Representation	FEIN/SSN:	
ALLOTMENT:	302.12	ADDRESS:	
COST CENTER:	.01	PHONE:	
CONTRACT # :		E-MAIL:	

SERVICE

REPRESENTATION AUTHORIZED	SERVICES DATES	UNITS AUTHORIZED	UNIT COST
Representation of indigent respondents per TCA Title 33 Chapter 6 Part 4 in Davidson County General Sessions Court in accordance with terms stated below.	January 1, 2018 – as determined by Director of the AOC.	As determined by the appointing authority.	\$300.00 Per Docket (All respondents for whom the attorney is appointed).

TERMS OF AGREEMENT

1. The Attorney agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the authorized service or in the employment practices of the Attorney on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by constitutional or statutory law.
2. The Attorney warrants that no amount shall be paid directly or indirectly to an employee or official of the State as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Attorney in connection with any work contemplated or performed relative to this Agreement.
3. Either party may terminate this agreement at any time and for any reason. Termination by the State shall not be deemed a breach of contract by the State.
4. The Attorney agrees to indemnify and hold harmless the State as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Attorney, his or her employees, or any person acting for or on its or their behalf relating to this purchase.
5. Attorney agrees to provide written notice to the Administrative Office of the Courts of any complaint filed with the Board of Professional Responsibility against Attorney within ten (10) days of Attorney's receipt of the Board's notice of complaint.
6. The Attorney agrees to provide competent, zealous representation to clients as required by the Tennessee Rules of Professional Conduct. The Attorney shall maintain caseloads that allow for the delivery of quality of representation at all times. Attorney agrees to represent indigent respondents alleged to be in need of emergency involuntary judicial hospitalization pursuant to Tennessee Code Annotated Title 33 Chapter 6 Part 4.
7. The Attorney shall provide copies of appointment orders for all cases for which payment is requested. One appointment order listing all respondents represented on a docket is preferred.
8. No more than one attorney will be compensated for a docket.
9. The Attorney will submit an invoice in form and substance acceptable to the State to effect payment.
10. The Attorney shall not be compensated for travel, meals, lodging or any other out-of-pocket expenses.
11. For the purposes of tracking compliance with the annual hourly cap of 2,000 hours in Tenn. Sup. Ct. R. 13, each docket will be counted as seven (7) hours toward the 2,000 hour cap. Per Tenn. Sup. Ct. R. 13, it is the responsibility of Attorney to manage their billable hours in compliance with the annual maximum.
12. The payment of the invoice by the State shall not prejudice the State's right to object to or question any invoice or matter in relation thereto. The Attorney's invoice shall be subject to reduction for amounts which are determined not to constitute proper remuneration for compensable services. The State reserves the right to deduct from amounts which are or shall become due and payable to the Attorney any amounts which are or shall become due and payable to the State by the Attorney.

This Authorization To Attorney is effective the latter of January 1, 2018 or the date fully executed by the parties.

AUTHORIZATION		ACCEPTANCE	
DATE:		DATE:	
SIGNATURE:		SIGNATURE:	
MICHELLE J. LONG, AOC DIRECTOR		PRINT NAME:	