**Relative Caregiver(s):**

**Child(ren):**

**Kinship Care Case Manager:**

As a relative caregiver for a child, I acknowledge that on( ), Kids Central, Inc. has provided me the opportunity at no cost to me to talk to an attorney about a legal problem I have involving the child.

 I understand and agree that after this first meeting with the attorney, neither the attorney nor Kids Central, Inc. has any further obligation or requirement to do anything for me about any of the issues that we have talked about.

 I also understand and agree that merely by talking with me about my legal problem the attorney has not become my lawyer and does not represent me.

**Signature of Relative Caregiver(s):**

**Signature of Kinship Case Manager:**