



**County of Maui – Dept. of Housing & Human Concerns
Immigrant Services Division
Service Agreement**

This Service Agreement is between the Immigrant Services Division (ISD) and _____

Name(s)

I, the undersigned, understand ISD will provide a service to assist me in the following matter: (List type of service/form/matter)

SCOPE OF SERVICES

ISD will assist me by providing information and guidance regarding the above-referenced matter. Such services may include assistance with document preparation, and information on how to represent myself in my matter.

I understand that ISD has no affiliation with the United States Immigration and Citizenship Services (USCIS), National Visa Center (NVC) or other agencies within the Department of Homeland Security (DHS). I understand that ISD is a division within the County of Maui’s Dept. of Housing & Human Concerns (DHHC) and is not staffed by attorneys. I understand ISD does not provide legal advice or representation in immigration cases. I understand that I am representing myself, and it is my obligation to research, understand, and complete the immigration forms for which I am requesting service. I understand ISD will provide services regarding the above indicated matter only. I understand that in the event of any changes to immigration law, regulations, or policies that more time and effort may be required in order to provide services to me. I understand that if additional services are required it may cause my case to be delayed. I understand that if changes occur in my life circumstances or if I take any actions that cause a need for added service(s), ISD will require me to complete a new or additional Service Agreement. Furthermore, I understand that ISD will make reasonable efforts to provide services to me but cannot guarantee results.

FEES

I understand that ISD, as a division of Maui County’s Department of Housing & Human Concerns (DHHC) does not charge a fee for its service(s). I understand I must pay all associated fees for my applications, petitions, medical examination (if applicable) directly to the USCIS/DHS. I further understand that ISD shall not be responsible or liable, whether directly or indirectly, for any damages or loss of monies sustained by me in connection to my immigration applications/petitions, or medical examination.

CLIENT’S RIGHTS

I understand that I have the following rights as a ISD client(s):

- To be informed of the status of ISD’s services and what information ISD needs to assist me in processing my matter;
- To have my confidential information protected, however, I understand that once an application is filed on my behalf that information is given to the governmental agency adjudicating my application;
- To be provided with copies of all documents prepared for me by ISD;
- To have this Agreement reviewed by an attorney or representative prior to signing it.
- To request an interpreter to translate this Agreement and/or to assist with my service matter if I have limited English proficiency.
- To terminate my relationship with ISD for any reason and at any time.

CLIENT(S) RESPONSIBILITIES

I understand that I have the following responsibilities as a ISD client(s):

- To appear on time for ALL scheduled appointments or to call at least 24 hours in advance to re-schedule if I am unable to attend;
- To be honest and truthful in all communications I have with ISD and its staff;
- To obtain and provide ALL required documentation and information to my ISD Specialist/Assistant(s);
- To keep ISD informed of all developments, including name changes, address, telephone number, immigration status, and other pertinent information. I will inform ISD of changes in address and telephone number within five (5) business days of the change;
- To the extent it may affect ISD's services to me, I will attend all interviews, scheduled appointments, or court hearings with the USCIS, or other immigration related governmental agencies;
- To notify my ISD Specialist/Assistant(s) of all arrests and convictions I have whether they occurred within the US or outside the US;
- To cooperate with my ISD Specialist/Assistant(s) so s/he can adequately provide services to me.
- To obtain one (1) new USB Flash Drive and provide to my ISD Specialist/Assistant;
- To keep copies of all documents and records related to my application or case.

TERMINATION OF SERVICE AGREEMENT

- I understand that ISD may withdraw from providing services and terminate any obligations under this agreement if I do not comply with the aforementioned responsibilities.
- I understand ISD may terminate services at-will and without warning, as long as the reason is not illegal.
- I understand that once all the obligations are met under this agreement, ISD will consider my matter closed and no longer provide service(s). Should I want additional service(s), I will need to sign a new Service Agreement.
- I understand ISD may retain my file (USB Flash Drive) for five (5) years from the date service ends. After that time, my file may be destroyed.

CONFLICT OF INTEREST

I understand that seeking dual services or guidance from other agents/attorneys/paralegals/other community service providers for my immigration case could give rise to a conflict of interest. Furthermore, if ISD is assisting multiple clients in the same matter, one client's wishes or preferred actions may prevent ISD Specialist/Assistant(s) from providing fair or adequate services to another client. If a conflict of interest occurs making dual service provision or providing joint assistance impracticable or unethical, I understand that ISD has the right to withdraw from the matter and not provide service to either client.

I have read and understand this Service Agreement and agree to its terms.

Sign & Print Name(s) ****Also include telephone no.(s)***

_____ **Circle:** Client / Petitioner / Beneficiary/ Joint Sponsor / Household Member / Representative

_____ Date

_____ **Circle:** Client / Petitioner / Beneficiary/ Joint Sponsor / Household Member / Representative

_____ Date

_____ **Circle:** Client / Petitioner / Beneficiary / Joint Sponsor / Household Member / Representative

_____ Date

_____ **Circle:** Client / Petitioner / Beneficiary / Joint Sponsor / Household Member / Representative

_____ Date

_____ ISD Specialist/Assistant

_____ Date