



# South Coastal Counties Legal Services

## CAP PROGRAM AGREEMENT

In offering to participate in the Compensated Attorney Program of South Coastal Counties Legal Services, Inc. (SCCLS), I agree as follows:

1. I have read the Policies and Procedures of the Compensated Attorney Program ("Program"), and I agree to abide by the terms therein. I understand that some modifications of the Program may be required in the future, and if modifications to the Program are announced by SCCLS, I will review them and notify SCCLS immediately if I no longer wish to participate in the Program.
2. I am an attorney in good standing, licensed to practice law in the Commonwealth of Massachusetts.

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PANEL ATTORNEY

\_\_\_\_\_  
Victoria Gautney, Esq.  
Private Attorney Involvement Coordinator  
South Coastal Counties Legal Services, Inc.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Please return to:**

Private Attorney Involvement Project  
South Coastal Counties Legal Services, Inc.  
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