

**ZACHARY CITY COURT
P. O. BOX 310
ZACHARY, LA 70791
(225) 654-0044**

LEGAL REPRESENTATION FORM

_____	CIVIL DOCKET NO. _____
_____	ZACHARY CITY COURT
VERSUS	ZACHARY, LOUISIANA
_____	EAST BATON ROUGE PARISH
_____	STATE OF LOUISIANA

I, _____, do hereby acknowledge I have filed a civil suit in the Zachary City Court without legal representation. I have been informed by the Zachary City Court personnel that NO LEGAL ADVISE will be rendered in this matter by any employee. I further acknowledge I may retain an attorney of my choice if I so choose.

I also acknowledge that I understand that the Court's authority to handle cases affecting defendants who do not reside within the Zachary City limits depends on numerous factors concerning jurisdiction and proper venue that may warrant professional legal advise.

I have also been informed the court costs are to be paid in advance of each filing. I may demand reimbursement from the defendant of all costs incurred relating to this suit.

I have also been informed that any forms supplied by the Zachary City Court are advisory and may have to be reviewed by my attorney.

I further acknowledge that the Clerk has advised me of the above.

DATE

SIGNATURE