**LEGAL ADVOCATE DISCLOSURE STATEMENT

  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that the staff of Total Security and Safety Inc., including staff of the Safe Exchange/Supervised visitation programs, are not Attorney's and that they cannot and will not represent me in any legal matter.

  I further understand that any information regarding legal procedures is not
legal advice and does not substitute for the advice of an attorney.

  My signature below indicates that I understand the above statement. I further
acknowledge that I received a copy of this disclosure statement.

  Signed:                                                                    Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Witness Signature**