**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**