



NON-ATTORNEY NOTICE AND SERVICE DISCLAIMER

The Passport Clinic, LLC cannot provide legal advice, issue or execute a US passport book and/or card. The Passport Clinic and/or its personnel, owners, staff, assistants, members, affiliates are not and cannot act as my attorney and/or provide legal advice in any way, shape, form or fashion. I understand that The Passport Clinic, is not a government agency/entity, US Department of State and/or any other government entity or affiliation with the government. The Passport Clinic, staff, independent contractors, partners and/or affiliates cannot inform the applicant and/or guardian of his or her legal rights or remedies. The Passport Clinic does not and cannot write, type or complete any US passport forms, applications or documents for the applicant. I authorize The Passport Clinic to act as my passport assistant(s), which may assist in error checking, making copies, reviewing passport photos, reviewing confidential information such as social security number, address, and any other information listed on US passport forms issued by Dept. of State and/or required documents set forth by The Dept. of State in addition to, but not limited to any necessary action to provide service in this regard as an assistant. I understand that The Passport Clinic does not keep copies of my passport application, social security number, date of birth, proof of birth, an/or identification. However, notes may be taken about your application, documents submitted, and/or concerns for quality assurance purposes. By signing, I authorize The Passport Clinic to photograph, review, process and/or submit my passport photo, application, birth records, legal documents, in any way, shape, fashion or form as related to passport services to the Dept. of State on my behalf. By signing, you understand and consent to the passport services that are being offered to you, is only to assist the applicant, legal guardian, etc. with his or her US passport application/form request. By assisting, the assistant will review, package and handback all items to the applicant for execution at a local acceptance facility of his or her choice. If applicable, I understand that I must take the passport package which contains form DS-11 and all documents to a local acceptance agency provided on the list or an acceptance agency of my choice to be executed and to receive a US passport book and/or card. I understand that by receiving passport assistance services it does not guarantee that I will receive a US passport book and/or card. I understand that the decision to issue or not to issue a US passport is determined by the Dept. of State and not The Passport Clinic, LLC. I understand that this service is not required and that I am not obligated to use this service in order to obtain a US passport book and/or card. I understand that there are no refunds issued by The Passport Clinic, LLC once services have been rendered. Additionally, in the event that you and/or your minor child do not receive a US passport book and/or card, no refunds will be issued. I understand that The Passport Clinic, LLC will only collect and retain fees that are due to The Passport Clinic, LLC. Fees due to the government must be paid separately and fees may vary, with the exception of passport renewal fees. All passport renewal application fees due to the Dept. of State aka "Government Fees" will be collected and retained at the time of processing and submitted to the Dept. of State for further processing. Once the application has been submitted and received by the Dept. of State, I understand that I will need to contact them directly if I have any questions or concerns. A follow-up letter will be provided which will include the contact information for US Dept. of State. Any false and/or misleading information written on the ANY passport form/application may result in the US passport application being denied, delayed and/or legal action being taken, which is determined by the Dept. of State, and/or local/state/federal legal authorities. I certify that I have read and understand the terms of this agreement.

<input type="checkbox"/> <i>I Can Read English.</i>	<u>OR</u>	<input type="checkbox"/> <i>I Cannot Read English (translator is required and must provide ID).</i>
I _____ (Translator's name) have read the Notice and Disclaimer above to _____ (applicant's name) in _____ (Language).		

I _____ (print name) have read, understand and agree to the notice and disclaimer above. I understand that **if I do not agree to the notice and disclaimer above, that I am at Free Will and Do Not have to Accept Services provided by The Passport Clinic, LLC., and Do Not Have to sign this agreement.** I also understand that by signing this form, I understand that I do not need passport assistance to obtain a US passport book and/or card. **If I Do Elect to proceed** with any services provided by The Passport Clinic, LLC., by signing, I agree to and understand the Notice and Disclaimer provided above. I understand that the information provided on the passport application(s) must be completed by the Applicant, legal guardian, and/or the applicant's attorney, whichever applies and cannot be completed by The Passport Clinic, LLC. In all legal matters, it is recommended that applicants/applicant's guardian consult with an attorney, especially if your case presents significant issues.

Applicant Signature: _____ Date: _____

Parent/Guardian (Signature): _____ Date: _____