



PASSPORT ASSISTANCE SERVICES TERMS, NOTICE, DISCLAIMER AND AGREEMENT

These Terms, Notice and Disclaimer of Service ("Passport Assistance services, Terms notice and disclaimer") apply to your access, use of individual services, and subscription to and use of the websites, mobile applications, products, or services (collectively, the "Services") of The Passport Clinic (collectively, "The Passport Clinic," "we," "us," "its" "it's" or "our"). These Terms of Service are a legally binding contract between you and The Passport Clinic regarding your use of the Service.

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. I understand that any information provided by you, the applicant must be true and accurate. 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 the applicant authorizes The Passport Clinic, LLC, it's owners, affiliates, employees, independent contractors and any other individual to review and handle your passport application on your behalf. I understand that when using form DS-11 or any other form that may require execution that I must take my completed passport package to an acceptance agency provided to me by The Passport Clinic, LLC or one of my choice if I choose to. I also understand and agree that the passport package should be executed within 72 hours or sooner of receiving email confirmation from The Passport Clinic, LLC. 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 The Passport Clinic, LLC is not liable, responsible for damages associated with the denial or delay of your passport book and/or card prior to your travel date. I understand that The Passport Clinic provides Passport assistance services, also known as professional services and that any of our services are 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 of any kind have been rendered, to include but not limited to application submittal/processing, application review/processing, etc. 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 provided to The Passport Clinic, LLC and/or its employees, personnel, owner(s), independent contractors, affiliates, passport specialist, assistants, etc. 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.

PLEASE READ THESE TERMS CAREFULLY:

BY CONTINUING AND/OR SUBMITTING" OR SIMILAR LANGUAGE, PLACING AN ORDER OR PURCHASING THE SERVICES USING THE ONLINE/ELECTRONIC/DIGITAL FUNCTIONALITY WE MAKE AVAILABLE, OR BY OTHERWISE ACCESSING OR USING THE SERVICES, YOU AGREE TO BE BOUND BY THESE TERMS, INCLUDING THE PRIVACY POLICY, AND ANY OTHER TERMS INCORPORATED BY REFERENCE (TOGETHER, THESE "TERMS"). THESE TERMS DO NOT ALTER IN ANY WAY THE TERMS OR CONDITIONS OF ANY OTHER AGREEMENT YOU MAY HAVE WITH US, OUR SUBSIDIARIES, OR AFFILIATES, IN RESPECT OF ANY OTHER SERVICES, WEBSITES OR OTHERWISE. IF YOU ARE NOT ELIGIBLE, OR DO NOT AGREE TO THE TERMS, THEN YOU DO NOT HAVE OUR PERMISSION TO USE THE SERVICE. YOUR USE OF THE SERVICE, AND THE PASSPORT CLINIC'S PROVISION OF THE SERVICE TO YOU, CONSTITUTES AN AGREEMENT BY THE PASSPORT CLINIC AND BY YOU TO BE BOUND BY THESE TERMS IF YOU CONTINUE, YOU ARE AGREEING TO ALL OF THE TERMS SET FORTH IN THIS DOCUMENT.

Service Overview

Our Service assists applicants by reviewing, gathering documents, fees, etc., and submitting their passport submitting government forms using our Service, pre-fills applications, and other related benefits, based on the passport form. The Passport Clinic is not affiliated with the US Dept. of State or any other government agency, organization or entity.



Eligibility

You must be at least 18 years old to use the Service. By agreeing to these Terms, you represent and warrant to us that: (a) you are at least 18 years old; (b) you have not previously been suspended or removed from the Service; and (c) your registration and your use of the Service is in compliance with any and all applicable laws and regulations and above stated terms.

Agency Appointment

As necessary for us to provide you the Service, you hereby authorize The Passport Clinic to do the following: (a) submit government applications on your behalf, (b) represent you before The Department of State and various governmental entities or other organizations where we submit your applications or forms, (c) receive information related to applications or forms filed on your behalf, (d) answering any questions from the applicable governmental entity or organization on your behalf, and (e) perform other similar actions on your behalf related to the Services you purchase.

Sharing Information and Privacy Policy

The Passport Clinic collects information from you to streamline your form filing experience. With your verification and at your direction, The Passport Clinic shares the information it collects with governmental agencies, partners, and any other entities you designate to receive it. Depending on the application, The Passport Clinic may show you how to send the information directly to a governmental agency. By using the Services, you hereby consent to such collection, use, and disclosures. Without limiting the foregoing, please refer to the Dept. of state privacy policy prior to completing any passport form(s) online. US Dept. of State Privacy policy available at <https://www.state.gov/privacy-policy>.

_____ I Can Read English. OR _____ I Cannot Read English (A translator is required and must provide ID and notarized letter stating their ability to translate).

I _____ (Translator's name) have read the Notice and Disclaimer above to _____ (applicant's name) in _____ (Language).

I _____ (print full name) have read, understand and agree to the terms, notice and service disclaimer as indicated above and throughout this document, as it is binding. 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. If fees were paid, I understand that I can request a refund within three (3) days of receipt of this document. 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. By continuing, you authorize The Passport Clinic, LLC, and/or its personnel, owners, staff, assistants, members, affiliates to access and to enter your personal information and that you have read the Privacy and Computer Fraud and Abuse Acts Notices and Disclaimers. You may access the privacy statement and policy with the following link <https://www.state.gov/privacy-policy>. You may also request a copy of this privacy policy free of charge that will be provided via email. 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 and no refunds will be issued. I understand that the information provided on the passport application(s) must be true and correct and provided by the Applicant, legal guardian, and/or the applicant's attorney, whichever applies. In all legal matters, it is recommended that applicants/applicant's legal guardian consult with an attorney, especially if your case presents significant issues or concerns.

Applicant Signature: _____ Date: _____

DOB: _____ last 4 digits of SSN: _____ Phone Number: _____

Parent/Guardian (Signature): _____ Date: _____

Print Minor Child's Name: _____

DOB: _____ last 4 digits of SSN: _____ Phone Number: _____