



SEP-6002-FORM

Applicant Entity Name: _____

Social Equity Individual Applicant: _____

DCR Record No.: _____ ACA Contact Reference ID No. _____

Instructions: The Department of Cannabis Regulation (“DCR”), in partnership with the Los Angeles County Bar Association, has established a program to provide limited subsidized legal services (“low bono”) to verified Social Equity Individual Applicants (“SEIAs”). If you are a verified SEIA with an application deemed eligible for further processing, or a Social Equity Licensee, and are interested in receiving limited low bono legal services, please complete the online intake survey titled “[Pro Bono/Low Bono Legal Services Survey](#)” You must complete the required information in the Pro Bono/Low Bono Legal Services Survey **and** upload this Authorization Agreement to complete the intake survey process.

Agreement: I, _____ (*Social Equity Individual Applicant Name*) understand and agree to the following:

1. SEIAs will be matched with attorneys on a first come, first serve basis based on attorney availability and capacity. Best efforts will be used to match every interested SEIA with an attorney, but there is no guarantee all interested SEIAs will be matched with an attorney or receive low bono legal services through this program.
2. All information provided on the Los Angeles County Bar Association, Smart Law Low Bono Cannabis Legal Services Intake Form will be shared with the Los Angeles County Bar Association and/or its attorney participants.
3. Attorney services will be limited to up to 10 hours of pro bono (free) hours plus 30 hours of low bono (subsidized) hours at a fixed rate of \$250/hour which shall be divided between the SEIA and the City of Los Angeles (“City”) in the following manner: the SEIA shall pay \$35/hour directly to participating attorneys and the remaining \$215/hour shall be paid by the City. The SEIA may privately enter into an agreement with the matched attorney for further services outside of the low bono program. The scope of low bono legal services is limited to the subject matters listed in the Los Angeles County Bar Association - Smart Law Pro Bono/Low Bono Cannabis Legal Services Intake Survey Form.
4. SEIAs who receive pro bono or low bono services for the first time on or after July 1, 2024 must utilize all available pro bono hours and/or low bono hours within 6 months of the date the SEIA was first matched with an attorney. SEIAs who signed up for low bono and/or pro bono services prior to July 1, 2024 must exhaust their remaining available hours within 3 months of signing this form. A SEIA who has not exhausted

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities

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the total hours available under paragraph 3 by the end of the relevant period may reapply for pro bono/low bono services by resubmitting this form and the “Pro Bono/Low Bono Legal Services Survey” linked above.

5. The City makes no guarantees, promises, warranties, or representations about the legal services provided by individual attorneys. By signing this document, the SEIA acknowledges that any damages, complaints, causes of actions, or claims arising from or related to any acts, errors, or omissions by any matched individual attorney, and any and all claims or damages arising from or related to the provision of legal services through this program, may only be asserted against the individual attorney who provided such services. By signing this document, the SEIA agrees to hold harmless and waive such claims against DCR and the City.

6. This agreement shall in all respects be interpreted, enforced, and governed under the laws of the State of California, and the exclusive venue for any action arising out of or relating to the breach of or interpretation of this agreement or other documents delivered pursuant to any provision thereof shall be the Superior Court of the State of California for the County of Los Angeles. The undersigned below further agrees that no waiver of a breach of any provision of this agreement by the City or DCR shall constitute a waiver of any preceding or succeeding breach of the same or of any other provision hereof.

Social Equity Individual Applicant's Signature

Date

(Print Name)

DCR Record No.:

ACA Contact Reference ID No.:

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On _____ before me, _____ (insert name and title of the officer) personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)