

**LSR – 2**  
version 2016-016

**Notice of Limited Scope Representation**  
(Not for Family Law Cases)

Case Number: \_\_\_\_\_

In the (*check one*):  Circuit  District Court of \_\_\_\_\_ County, Arkansas

\_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff's Name Defendant's Name

① **Lawyer's Information**

\_\_\_\_\_ name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
phone # fax #

\_\_\_\_\_ email \_\_\_\_\_ bar #

② I am the lawyer listed in ①. I agree to provide limited scope representation to the (*check one*):  Plaintiff  
My representation will include **only** the following services (*check all that apply*):  Defendant

- a.  at the **hearing** (*date*): \_\_\_\_\_ b.  at the **trial** (*date*): \_\_\_\_\_  
 and at any continuance of that hearing  and at any continuance of that trial  
 until the court's order after that hearing  until the judgment

c.  **Other** (*explain and give dates*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

③ The contact information for service for the party I will represent is:

\_\_\_\_\_ party's name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
phone # e-mail fax #

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- ⑤ After signing above, the lawyer **must**:
1. Fill out the box to the right, then
  2. Mail or deliver a copy of this form to the other party or his/her lawyer.
  3. Additionally, the lawyer may file the original of this *Notice* with the court clerk.

Certificate of Service – I certify that a true copy of this *Notice* was delivered or mailed to the other parties or their lawyer(s) on (*date*): \_\_\_\_\_

Sign here: ► \_\_\_\_\_