***NONDISCLOSURE AGREEMENT – PRIVILEGED & CONFIDENTIAL – ATTORNEY WORK PRODUCT***

**CONFIDENTIAL**

[Social Worker]

270 Bay State Road

City, State Zip

**Re: Assignment on behalf of CLIENT in Case No. \_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_ County District Court**

Dear [Social Worker}:

I am writing to confirm the assignment of you by the Office of Respondent Parents’ Counsel to work with my office (the “Attorney”) on behalf of [client], client of my office (the “Client”), in connection with the above-referenced matter. Thank you for agreeing to act as a social worker in this matter.

The following constitutes a description of our t arrangement with you. If you agree to this Agreement as set forth below, please sign this letter in the space provided and return the original to us.

**SCOPE OF WORK**

The scope of your work is client directed social work on behalf of the Client that includes, but is not limited to, bio-psycho-social assessment, client advocacy and meetings, collateral contacts, document collection and review, attending court, attending meetings and staffings, and making independent referrals for services, observe visitation, work with experts, and other activities as directed by the attorney.

Further, you agree to use your best efforts to ensure that the services described above will be provided in an expeditious and timely manner and to develop and analyze the data and information that is provided to you by the Firm. You also agree to keep us apprised on a timely basis of any changes in your opinions about this matter or any other material developments in your analysis or availability.

**CONFIDENTIALITY**

It is agreed that all of your work product and all data developed in connection with this Agreement, as well as all communications with the Attorney, the Client, or any other persons hired to assist you, the Attorney or the Client, shall remain confidential both during the course of this Agreement and thereafter. All of your documents, notes or other written product developed in connection with provision of the services described above shall be used solely in the performance of such services and shall be delivered to the Attorney at the conclusion of your provision of services under this Agreement unless otherwise disposed of in the ordinary course of your work in this area.

**CONFLICTS**

It is agreed that you will not perform social work for any other parties in connection with the pending dispute. [Specify any actual or potential conflicts or exclusions from this provision.]

If you agree to these terms, please counter-sign this agreement below and return to me at the address above. I look forward to a good working relationship, and you can reach me at any time at phone. Thank you very much for your assistance in this matter.

Very truly yours,

A.G. Lawyer

AGREED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Worker