

Exhibit A: Farmers' Request and Agreement for Assistance from Farm Advocate

When used in the Agreement, the terms, "I", "We", and "us" refer to the farmer, spouse, partner, shareholder, and owners of a farm who have signed the form.

The terms "you" and "your" refer to the Farm Advocate under contract with the State of Minnesota through its Commissioner of Agriculture.

1. We understand that you are not my attorney, accountant, or other licensed counselor. I do not rely on you for legal advice or other professional advice or representation. If I need or desire advice or representation, from an attorney, accountant or other professional, I will obtain those professional services at my own expense.
2. We understand that you have been trained to provide farm financial analysis and recognize options that may assist us with our farming operation.
3. If I request, you will assist me in seeking loans, guarantees, or other agreements from the Farm Service Agency (FSA) or other lenders. You will assist me in preparing applications and other forms required by lenders; and you will go with me to meetings with FSA or other lenders and persons if I request.
4. I give you the authority to discuss my case with anyone you feel can help me, including other government agencies, attorneys, accountants, farm experts, and creditors. You may review my files and receive information from any other person or agency which has information about me if you feel it is necessary in your efforts to help me.
5. I am fully responsible for the accuracy of any information which I provide to you and others, whether written or oral. I will review all documents which I submit to FSA and other lenders, and will see that they are accurate. I am responsible for meeting any deadline imposed by the FSA and other lenders, such as administrative appeals and payment deadlines.
6. You are assisting me on a volunteer basis and there is no charge for your assistance.
7. I authorize you to submit general information about my farm operation to a contracted entity for statistical and policy purposes. I understand that any information submitted will not identify me or my farm.
8. You are not my legal agent. You may not sign documents for me or bind me to any obligation or contract. Your actions will not create a liability for me.
9. I will not hold you responsible for any consequences, liability or losses arising from your assistance to me.

SIGNATURE	PRINT NAME	DATE
1.		
2.		

Address:

City:	State:	Zip:
Phone:	Email:	

This form should be signed by spouses, partners, shareholders, and other persons with an ownership interest in the farm

ADVOCATE SIGNATURE	ADVOCATE PRINT NAME	DATE

FARM ADVOCATES (www.mda.state.mn.us/about/commissionersoffice/farmadvocates):

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