

NO FREE INITIAL CONSULTATIONS EXCEPT FOR CRIMINAL, BANKRUPTCY, OR PERSONAL INJURY CASES

Attorney: _____ New Client: ___ Yes ___ No Date: _____

Name: _____ Spouse: _____

Mailing Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Work Phone: _____ DOB: _____ Work Phone: _____ DOB: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

CONFLICT CHECK

Attorneys are not allowed by ethical rules to represent new clients under many circumstances when the attorney has represented in the past, or is presently representing, a person that may be an opposing party in a matter. Thus, we would ask that you carefully fill out the conflict check information requested below.

PLEASE COMPLETE IN DETAIL

List names of opposing parties with whom you currently have a dispute in the matter for which you are consulting with the attorney, including all names used by that person currently or in the past (*example: maiden name, married names, aliases*):

Have you had a dispute with anyone who was represented by an attorney from this firm? Yes _____
No _____

If yes, list names, including all names used by that party currently or in the past:

Have you or any of your family members been represented by an attorney in this firm? Yes _____
No _____

If yes, list names, including all names used by that party currently or in the past:

I hereby certified that I have completed this form to the best of my knowledge. I will not hold the law firm accountable for any omissions that cause a conflict in the future.

CLIENT

CLIENT

DATE