

**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