

# APPENDIX C

## SAMPLE NEW CLIENT-MATTER FORM

Client-Matter No. \_\_\_\_\_

Do not assign new client and/or matter numbers yourself. Provide them only if they already exist.

**Date** \_\_\_\_\_

New			Change			Ownership		Existing Matters	
Client	Matter	Submatter	Client	Matter	Submatter	Public	Private	Close	Reopen

CLIENT INFORMATION	Link to Client No.
Full Company/Client Name: _____	
Company Description: _____	
Type of Industry: _____	
Primary Client Contact for this Matter _____	Salutation (e.g., Mr./Dr./Ms./Mrs./Hon.) _____
First Name: _____ Middle Initial _____ Last Name _____ Title _____	
Primary Contact Address: _____	
City-State-Zip: _____ Country: _____	
Telephone: _____ Fax: _____ Email address: _____	
Website address (URL): _____	

**BILLING INFORMATION (IF SAME AS CLIENT INFO. LEAVE BLANK)**

Credit Limit (if any): _____	Fiscal Year: _____
Billing Contact Person _____ Title: _____	
Billing Company (if Different from Client): _____	
Billing Address: _____	
City-State-Zip: _____ Country: _____	
Telephone: _____ Fax: _____ Email address: _____	
<input type="checkbox"/> This address is a special billing address for this matter.	

**MATTER INFORMATION**

Practice Group: _____	Type of Law: _____				
Full Matter Name: _____	Projected Fees: \$ _____				
Project Description: _____					
Referral Source: _____	Referral Contact _____				
Orig. Atty.	Orig. Atty.	Orig. Atty.	Orig. Atty.		
No. Init. %	No. Init. %	No. Init. %	No. Init. %		
Acct. Atty.	Billing Atty.	Supv. Atty.	Hdlg. Atty.	Hdlg. Atty.	Legal Asst.
No. Init.	No. Init.	No. Init.	No. Init.	No. Init.	No. Init.
Fee Arrangements _____	Billing Cycle _____	A/R _____	Billing Statement Instructions _____	Billing Format _____	Special Instructions _____
Task-Based Billing? _____	Include the bill in the client summary using a joint bill format.				

**Final Approvals**

Account Attorney _____	Date _____	Special Fee Approval (Managing Partner) _____	Date _____
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☛ Please attach to the conflict check form! ☛

**APPENDIX C**

**NEW BUSINESS REVIEW/FILE MATERIAL REQUEST**

INSTRUCTIONS: This page must be completed and signed by the lawyer accepting the new business. In addition, the signature of a member of the New Business Panel is required: (i) for all new clients; (ii) where disclosure to and consent from any person is required; (iii) where work is undertaken on a special fee basis; or (iv) where new work is undertaken for a client who is delinquent in payment of fees to the firm.

The new business  is  is not required to be approved under the New Business Review Policy. (If approval is required, the signature of the approving person must appear below.)

1. **Conflicts.** A conflicts check has been performed and:
  - a.  No current client, former client, or issue matches appeared on the search.
  - b.  Conflict matches have been identified on the search and resolved. Please check explanatory boxes below:
    - Waiver letters have been obtained.  Conflict matches were false positives.
    - Apparent conflicts are old or out of date.  Other (verbal or e-mail explanation to panel member required).
  - c. The responsible attorney has considered the possibility of future client conflicts and business development conflicts (e.g., the possibility of difficulties with existing and future clients resulting from the new business) and:
    - i.  Has concluded that there is no reasonable likelihood of a problem.
    - ii.  The potential problems have been discussed with those concerned and do not appear to constitute a reason not to proceed.
2. **Fees.**
  - a.  The firm can reasonably expect to bill and collect fees for the work at least equal to guideline rate.
  - b.  The work is undertaken on a contingency fee, fixed fee or hourly rates below guideline. (Attach explanation.)
3. **Deposit.**
  - a.  An advance deposit will be received. Deposit Amount:  \$
  - b.  No advance deposit is necessary or appropriate.
4. **Firm Involvement (both required)**
  - The responsible attorney, upon inquiry if appropriate, has determined that the firm has practical ability to do the work within the applicable time and other constraints **AND**
  - The work does not pose undue risk of firm liability.
5. **Engagement Letter.**
  - a.  An engagement letter will be sent.
  - b.  No engagement letter is necessary or appropriate.

Account Attorney \_\_\_\_\_ Date \_\_\_\_\_

Panel Attorney (if required) \_\_\_\_\_ Date \_\_\_\_\_

**FILE MATERIALS REQUESTED  
SIZE AND TYPE OF FILE**

Insert Only	Letter Folder	Legal Folder
<input type="checkbox"/> Agreements	<input type="checkbox"/> Documents	<input type="checkbox"/> Working Papers
<input type="checkbox"/> Attorney Notes	<input type="checkbox"/> Drafts	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Auditor's Reports	<input type="checkbox"/> Exhibits	1. _____
<input type="checkbox"/> Billings	<input type="checkbox"/> Extra Copies	2. _____
<input type="checkbox"/> Client's Papers	<input type="checkbox"/> Legal Research	3. _____
<input type="checkbox"/> Closing Documents	<input type="checkbox"/> Miscellaneous	4. _____
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Pleadings	<input type="checkbox"/> Pouch Folder Summary

Please return file to: \_\_\_\_\_