

APPENDIX D

SAMPLE CONFLICT CHECK INFORMATION SHEET

File Room Only
ID# _____

PLEASE ROUTE: _____

PLEASE CALL FOR PICK-UP: _____

DATE: _____

TO: RECORDS CENTER

FOR:

(Attorney Initials)

RETURN TO:

EXT.

Potential
New Client

Credit Report

Matches

No Matches

CLIENT: _____

ADDRESS: _____

POTENTIAL MATTER: _____

ADD NAMES TO EXISTING CLIENT/MATTER NUMBER: _____

**PLEASE CHECK THE FOLLOWING NAMES
FOR POTENTIAL CONFLICTS:**

Name	Relationship (see Codes)	Credit Report (Comment 1)
1. _____	(_____)	(_____)
2. _____	(_____)	(_____)
3. _____	(_____)	(_____)
4. _____	(_____)	(_____)
5. _____	(_____)	(_____)
6. _____	(_____)	(_____)
7. _____	(_____)	(_____)
8. _____	(_____)	(_____)

OUR SEARCH FOUND THE FOLLOWING:	
Matches Found (see attached)	No Matches Found

Conflict check completed by:	

For clients and matters new to the office, please complete and attach this Conflict Check Information Sheet and list all related parties, including corporate affiliates, principal officers, and, if an individual, his or her business entities, including partnerships and joint ventures, in which new client is an active participant or owner. For litigation matters, include all related parties, whether adverse, allied, or neutral.

I have provided the necessary information for a conflict check.

Attorney Signature

Codes:

- | | |
|--|--|
| (C) Client or Potential Client | (DC) Declined Client |
| (A) Adverse or Potential Adverse Party | (I) Involved |
| (W) Witness or Potential Witness | (PN) Protected Nonclient (Comment 2) _____ |
| (D) Director, Officer or Key Employee | (OO) Other _____ |
| (P) Parent or Subsidiary | |

