Date: __________________________

New Client ☐ New Matter ☐

Prospective Client Name: ________________________________________________________________

Prospective Client Affiliates:

_________________________________________  ___________________________________________

_________________________________________  ___________________________________________

Description of Matter:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Adverse Party and Affiliates: Opposing Counsel:

_________________________________________  ___________________________________________

_________________________________________  ___________________________________________

_________________________________________  ___________________________________________

_________________________________________  ___________________________________________

_________________________________________  ___________________________________________

Responsible Attorney: ________________________________________________________________

Office sign off (initials):

Attorneys

Staff

__________________________  ________________________________

__________________________  ________________________________

__________________________  ________________________________

__________________________  ________________________________

__________________________  ________________________________

Note: File cannot be opened until entire office has signed off. If anyone is aware of any relevant information that is appropriate to share or has a potential personal or business interest conflict related to this matter or any name listed above, please immediately bring to the attention of the responsible attorney.

Date Names Entered in Conflict System: ____________________________  By: ____________________________

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