

Conflict Check Form

Comprehensive conflict of interest screening for legal representation

Critical Compliance: Complete this conflict check thoroughly before accepting new representation. Conflicts of interest create ethical violations and potential disqualification from representation.

1. Conflict Check Request Information

Date of Conflict Check*

dd/mm/yyyy



Check Reference Number

Auto-generated or manual entry

Requesting Attorney*

Attorney requesting conflict check

Attorney Email*

Attorney Phone*

Urgency Level*

-- Select Urgency --



2. Prospective Client Information

Client Type*

-- Select Client Type --



Full Legal Name of Prospective Client*

Individual name or business entity legal name

DBA / Trading Name / Aliases

Any other names client is known by

Client Address

Street address

City

State

ZIP Code

Primary Contact Person (if business entity)

Name and title of contact person

Phone Number

Email Address

3. Related Individuals and Entities

Important: List all individuals and entities with any relationship to the prospective client or matter. This includes family members, business partners, subsidiaries, parent companies, affiliates, and beneficial owners.

Name	Relationship to Client	Entity Type	Additional Info
Full legal name	e.g., Spouse, Partne	Individual, Busi	Role, percentage ow
Full legal name	e.g., Spouse, Partne	Individual, Busi	Role, percentage ow
Full legal name	e.g., Spouse, Partne	Individual, Busi	Role, percentage ow

4. Matter Description and Parties

Type of Legal Matter*

-- Select Matter Type --



Brief Matter Description*

Provide a brief description of the legal matter, including key issues and parties involved

Case Number (if already filed)

Court case number

Jurisdiction / Court

County, state, or federal court

5. Opposing Parties and Adverse Interests

Critical: List ALL opposing parties, adverse parties, witnesses, and other parties with interests adverse to the prospective client. Include individuals and entities.

Name of Opposing/Adverse Party	Role in Matter	Representation / Attorney
Full legal name of opposing pa	Defendant, Plaintiff,	Attorney or law firm representing the
Full legal name of opposing pa	Defendant, Plaintiff,	Attorney or law firm representing the
Full legal name of opposing pa	Defendant, Plaintiff,	Attorney or law firm representing the

6. Witness and Third-Party Information

Note: List potential witnesses, experts, or other third parties who may be involved in the matter.

Name	Role/Capacity	Affiliation
Witness or third party name	Witness, Expert, Investigat	Employer or affiliation
Witness or third party name	Witness, Expert, Investigat	Employer or affiliation

7. Prior Representation History

Has your firm previously represented the prospective client?*

- Yes
- No
- Unknown - Requires Further Research

If Yes, Describe Prior Matters and Dates

List previous matters, dates of representation, and handling attorneys

Has your firm previously represented any opposing parties?*

- Yes
- No
- Unknown - Requires Further Research

If Yes, Describe Prior Representation of Adverse Parties

List matters where firm represented parties now adverse to prospective client

Has your firm represented any related entities or individuals?*

- Yes
- No
- Unknown - Requires Further Research

If Yes, Describe Representation of Related Parties

List matters involving related individuals or entities

8. Current Representation Review

Does the firm currently represent any clients with interests adverse to prospective client?*

- Yes
- No
- Unknown - Requires Further Research

If Yes, Identify Current Clients and Matters

List current clients and active matters with adverse interests

Is this matter directly adverse to any current client?*

- Yes
- No

Warning: Direct adversity to current clients generally creates non-consentable conflicts requiring declination of representation.

Does accepting this matter create a significant risk of materially limiting firm's representation of current clients?*

- Yes
- No
- Possibly - Requires Ethics Consultation

9. Attorney Personal Conflicts

Personal Conflict Disclosure: Attorneys must disclose personal relationships, financial interests, or other circumstances that could affect their ability to represent the client.

Do you (requesting attorney) have any personal or financial relationship with any party?*

- Yes
- No

If Yes, Describe the Relationship

Describe any personal, family, or financial relationships with parties involved

Do you have any financial interest in the outcome of this matter?*

- Yes
- No

If Yes, Describe Financial Interest

Describe any financial stake in the matter outcome

10. Conflict Analysis Results

Conflict Check Performed By*

Name of person conducting conflict check

Date of Analysis*

dd/mm/yyyy



Systems and Databases Searched*

- Client database / Practice management system
- Billing and time entry records
- Closed file archives
- Individual attorney conflict checks
- Docket and court filing records

Conflict Determination*

-- Select Determination --



Conflicts Identified

Describe any conflicts discovered during the check, including nature and severity

Analysis Notes and Recommendations

Additional notes, recommendations, or conditions for proceeding

11. Conflict Resolution (If Applicable)

Note: Complete this section only if conflicts were identified and require waiver or other resolution.

Conflict Resolution Method

-- Select Resolution Method --



Conflict Waiver Documentation

Describe waivers obtained, including which clients provided informed consent

Conditions or Limitations on Representation

List any conditions, limitations, or safeguards imposed to address conflicts

12. Approval and Authorization

Final Approval Status*

-- Select Status --



Conflicts Analyst Signature*

Date*

Signature of Analyst

Date Signed

Managing Partner / Ethics Partner Approval*

Date*

Signature of Approving Partner

Date Signed

Printed Name of Approving Partner*

Print name of partner

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