

# Client Inquiry Form

## For Conflict of Interest Check

Please provide the following information to help us determine if there are any potential conflicts of interest before we proceed with your representation.

### Client # 1 Information

- Full Name: \_\_\_\_\_
- Contact Information: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

### Client # 2 Information

- Full Name: \_\_\_\_\_
- Contact Information: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

### Opposing Party # 1 Information

- Full Name: \_\_\_\_\_
- Contact Information (if known): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

### Opposing Party # 2 Information

- Full Name: \_\_\_\_\_
- Contact Information (if known): \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

### Case Information

- Type of Legal Matter: \_\_\_\_\_
- Brief Description of Legal Issue: \_\_\_\_\_
- Related Parties: \_\_\_\_\_

### Prior and Current Relationships

- Have you or your business ever been represented by our firm before?
- Yes / No (circle one)

If yes, please provide details: \_\_\_\_\_

Are you aware of any relationships our firm, its attorneys, or staff have with the opposing party?

Yes / No (circle one)

If yes, please provide details: \_\_\_\_\_

### Additional Information

- Is there any other information that may help us with the conflict of interest check?

\_\_\_\_\_

Thank you for providing this information. We will review it and get back to you promptly.