

Conflict of Interest Search Form - Internal Document

To: File Room

Requesting Attorney: _____

Date: _____

Prospective Client Information

Name: _____

Address: _____

Phone: (Work) _____

(Home) _____

Principals: _____

Related Entities: _____

Prior Representation of Client,

Principals or Related Entities: _____

File Name: _____

Adverse Party Information

Name:

Address:

Principals:

Related Entities:

Check Completed By:

Date:

NOTE: This material is intended as only an example, which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will ISBA Mutual Insurance Company be liable for any direct, indirect, or consequential damages resulting from the use of this material.