

FORM – CONFLICTS CHECK FOR POTENTIAL CLIENTS

Your full name (including maiden name & aliases)

Opposing Party full name (including maiden)

Your full address:

Opposing Party full address:

Your phone number(s):

Opposing Party phone number(s):

Your E-mail Address:

Opposing Party E-mail Address:

Your Significant Other (full name):

Opposing Party's Significant Other (full name):

Married? Yes No

Married? Yes No

Brief Description of legal matter: _____

Children:

Full Name	Date of Birth	Sex (M/F)	Name of other parent

Do you or the opposing party(ies) have any pending criminal charges? Yes No

Do you or the opposing party(ies) have any pending probation or placement revocations? Yes No

Are any of the following allegations involved in the matter for which you seek legal representation?

- Domestic violence (battery)? Yes No
- Child abuse? Yes No
- Failure to pay child support or child support arrears? Yes No
- Violation of a custody or parenting time order? Yes No
- Pending Protection Order or No Contact Order (or violation thereof)? Yes No
- Is the Department of Child Services involved (DCS) or is a CHINS case pending? Yes No
- Other criminal conduct (i.e. bad check or operating a vehicle while intoxicated)? Yes No

If you answered "yes" to any of the above, please explain here:
