

New Client/Matter Memo

Date: _____

New Client ___ New Matter ___

Client Name : _____

Client Affiliates:

Matter: _____

Adverse Party and Affiliates:

Opposing Counsel:

Responsible Attorney: _____

Office Sign Off – Attorneys

Staff (Initials)

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 conflict in regard 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: _____