

NEW FILE DATA FORM

1. Client _____ Date _____

File No. _____ Responsible Attorney _____

2. Contact _____

Address _____ Phone _____

_____ Fax _____

_____ Email _____

3. Matter (for file tab) _____

Summary description of our work _____

4. Adverse Party (and Affiliates) _____ Opposing Counsel (Name & Address) _____

5. Assigned Attorney _____

6. Fee Arrangements: Engagement Letter Sent? () Yes () No - Reason _____

Send Bill To: _____ Bill: () Monthly () Upon Completion

_____ (Name) () Retainer \$ _____

_____ (Address) () Hourly

_____ () Contingent

_____ () Fixed Fee \$ _____

7. *Conflicts Check completed by _____ (*File can not be

*Conflicts Database updated by _____ opened if incomplete)

*New Client Memo circulated by _____

8. Calendaring File Review Frequency () 30 Days () 60 Days

If subject to a Statute of Limitations: Applicable Statute _____

S.O.L. Date _____ *Verified by _____ (Attorney Initials)

9. Source of Business _____