**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.