

NEW MATTER INTAKE SHEET

Conflict Check By: _____ Date: _____ Taken By: _____

Client File No. _____ Billing Attorney: _____ Resp Attorney: _____

CLIENT

INFORMATION:

Client Name: _____ Client File No.: _____

Client Contact: _____ Related Entities: _____

Client Address: _____

Client Tel No : _____

Client Fax No.: _____

Client E-mail: _____

NATURE OF REPRESENTATION OR TRANSACTION:

CONDITIONS AND TERMS OF ENGAGEMENT:

LITIGATION INFORMATION:

FILE NAME:

OTHER PARTIES: DO CONFLICT SEARCH ON TERMS IN BOLD OR CIRCLED:

Name	Matter Role	Name	Matter Role

INDEX NO. & FILING DATE: _____ JUDGE ASSIGNED: _____
COURT: _____ DATE/MANNER OF SERVICE: _____

ADVERSE PARTY ATTORNEYS:

DIARY DATES FOR ACTIVITY/OTHER INFORMATION: _____