

# Conflict Screening Intake Form

## (Freelance Paralegal Services)

This form is used to identify and prevent any actual or perceived conflicts of interest prior to acceptance of freelance paralegal services. Completion of this form does not guarantee acceptance of the engagement.

### 1. Requesting Party Information

Attorney / Firm Name:	_____
Contact Person:	_____
Email Address:	_____
Phone Number:	_____

### 2. Matter Information

Case / Matter Name:	_____
Jurisdiction (City/County/State):	_____
Court (if applicable):	_____
Case Number (if assigned):	_____

### 3. Conflict Screening Questions

- Does this matter involve any government entity, agency, or department?  Yes  No
- Is any party affiliated with a city, county, or state government?  Yes  No
- Is this matter filed or expected to be filed in the same jurisdiction where the paralegal is employed?  Yes  No
- Does this matter involve subject areas similar to the paralegal's government work?  Yes  No
- Have you previously worked with or against any government agency related to this matter?  Yes  No

If you answered 'Yes' to any question above, please provide additional details below:

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#### 4. Certification & Acknowledgment

I certify that the information provided above is accurate and complete to the best of my knowledge. I understand that the paralegal reserves the right to decline or withdraw from any engagement if a conflict of interest is identified.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_