

Establishing the Attorney-Client Relationship Checklist

Use this checklist to ensure that you are taking all the major steps to successfully establish the attorney-client relationship or decline representation.

- Have receptionist or staff member complete initial section of Consultation Form.
- Have staff member do initial conflicts check, making any judgment calls yourself.
- Review the Consultation Form to determine whether to refer the case or to have the receptionist set the appointment.
- Have the prospective client complete the Consultation Form when she arrives for the appointment.
- Review the Consultation Form immediately prior to interviewing the potential client.
- Do full consultation with the prospective client, including completion of substantive interview forms for certain areas of the law.
- Explain to the prospective client whether the firm will accept or decline representation, the scope of the representation, the fee arrangement, and what is still needed from the client.
- Send engagement or non-engagement letter to the prospective client.
- If you agree to handle a new matter, send another engagement letter to reflect the addition.

Appointment Date & Time: _____

Interviewing Attorney: _____

Consultation Form

TO BE COMPLETED BY STAFF MEMBER FOR PROSPECTIVE CLIENT:

Date: _____

Name: _____

Phone Number: _____

Alternate Contact Name & Phone Number: _____

Re: _____

Served with papers: _____ When: _____ Court Date: _____ Judge: _____

What Parish: _____

Other Side's Name: _____

Referred By: _____

Have you or anyone you know been here before? Who? _____

Do you have or have you spoken to an attorney in this matter? Who? _____

Told to bring in paperwork pertaining to consultation: _____

Adverse Party Card Checked: _____ OK? _____

Conflicts List Checked: _____ OK? _____

Non-Client Interview List Checked: _____ OK? _____

Form Completed By: _____

Attorney's Instructions: _____

TO BE COMPLETED BY PROSPECTIVE CLIENT BEFORE THE CONSULTATION:

Client: _____ DOB: _____ SS#: _____

Address: _____

Home Telephone: _____ Fax: _____ E-mail: _____

Client's Employer: _____

Your Position: _____

Employer Telephone: _____

Spouse: _____

Spouse's Employer: _____

Spouse's Employer Telephone: _____

Emergency Contact(s), (Name) (Relationship) (Telephone): _____

Names of Associated and/or Related Parties: _____

Name of Opposing Counsel: _____

Please state briefly the nature of the problem you wish to discuss with the attorney:

TO BE COMPLETED BY STAFF:

Initial and Date the Following Items When Completed: _____

Fee Contract: _____ Engagement Letter: _____ Case Entered on Master List: _____

Prescription/Time Deadline/Hearing Date: _____

Form Completed By: _____

Sample Engagement Letter (General)

June 20, 20__

Ms. Jane J. Client
123 Main Street
Anytown, Louisiana 45678

Dear Ms. Client:

We enjoyed meeting with you on _____ concerning our representation of you against _____ . We have completed a conflict of interest search and determined that there is no conflict at this time, so we can accept this matter. We will be doing the following to represent you: _____

Our engagement is limited to your claim against _____
for _____ .

Our fees are outlined in our fee agreement, which we have already discussed and a copy of which is enclosed. ***Note to Attorney: If agreement has not yet been signed, send two signed copies of fee agreement and request that the client sign one and return it to you.***

We will keep you informed as this matter progresses. In the meantime, if you have any questions, please call. Thank you for choosing our firm to represent you in this matter.

Sincerely,

FIRM NAME

Attorney Name

Enclosure

Sample Non-Engagement Letter (General)

June 20, 20—

Ms. Jane J. Non-Client
123 Main Street
Anytown, Louisiana 45678

RE: Non-Engagement Letter

Dear Ms. Non-Client:

Thank you for coming into my office yesterday for a consultation. As we discussed, I will not be able to represent you because _____

Please feel free to consult with another attorney as soon as possible. Most legal rights have strict time limitations, so you may have a deadline to file something soon. For this reason, I suggest that you contact another attorney immediately if you plan to pursue this matter.

Sincerely,

FIRM NAME

Attorney Name

General Information Questionnaire

(Privileged and Confidential)

Note to Attorney: Questions 1-12 in this questionnaire are designed to be useful in most civil and criminal representations. Questions 13-20 should be added when screening prospective personal injury litigation clients. The questionnaire can be completed by the attorney during a first meeting with prospective clients or mailed to the client in advance and reviewed at a first meeting.

PLEASE COMPLETE CAREFULLY. USE ADDITIONAL PAGES IF NECESSARY.

1. Personal and Family History

Full name _____

Present home address _____

Home phone _____ Business phone _____

2. Have you ever used, or been known by, any other name than that shown above? If so, list here each other name, and state when and why each other name was used:

3. State the addresses where you have resided during the past 10 years, and the period of time at each residence, including dates:

4. Place of birth _____ Date _____

5. Are you presently married? _____

Date of marriage _____ Place of marriage _____

Full name of spouse _____

Have you ever been divorced or legally separated? _____

6. List the names, ages and addresses of all those (including children) who are dependent upon you for support, and your relationship to each:

| NAME | ADDRESS | AGE | RELATIONSHIP |
|------|---------|-----|--------------|
|------|---------|-----|--------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. **Employment History**

Social Security number _____

Most recent employer _____

Employer's address _____

Ending date _____ Beginning date _____

Job classification _____

Beginning pay rate _____ Ending pay rate _____

Reason(s) for leaving _____

Employer prior to last listed _____

Employer's address _____

Ending date _____ Beginning date _____

Job classification _____

Beginning pay rate _____ Ending pay rate _____

Reason(s) for leaving _____

8. **Educational Background**

What education have you had, including any special job training?

9. **Military Background**

Have you been in the military service? _____ If so, give branch of service. _____

If so, give service number. _____

Type of discharge _____

Dates of service _____

Have you ever been rejected for military service because of physical, mental or other reasons?

If so, explain: _____

Do you have any service-connected injuries or disabilities? _____
If so, give details: _____

Percentage of disability _____

Present condition of service-connected injury or disability _____

Do you receive payments for service-connected injuries? _____

10. Prior Claims and Lawsuits

Many cases have been damaged beyond repair by a history of other claims and lawsuits which your attorney did not know about. It is **NOT** the fact that one has had other claims or lawsuits that is important, for one will not be penalized by a court or jury if the claims are reasonable and genuine. It is the **DENIAL** of previous claims and suits that damages the case. List every claim you have ever made for personal injury or property damage, and give details:

a) Date _____ Nature of claim _____
Against whom _____ Suit filed? _____
Result _____

b) Date _____ Nature of claim _____
Against whom _____ Suit filed? _____
Result _____

c) Date _____ Nature of claim _____
Against whom _____ Suit filed? _____
Result _____

11. Police Record

Under the rules of evidence, there are circumstances under which a person's prior criminal record may be relevant in a proceeding. The other attorney will make a complete investigation of your background, and we must be **PREPARED AGAINST** development of unfavorable evidence. List here any arrest(s) and state the date, place, charge, court, case number and outcome:

12. **Worker's Compensation**

Have you ever made a claim for Worker's Compensation? _____

If so, when was the date of your injury? _____

Are you receiving payments at present? _____

If so, explain: _____

Who is handling your Worker's Compensation action? _____

Are you receiving disability payments from any source other than Worker's Compensation at present? If so, explain:

13. **Date of Injury or Accident**

(If you are not certain about a specific date, please discuss with the lawyer *immediately*.)

Location of Accident/Injury _____

Names of other people involved in the accident/injury: _____

Have you missed any time from work as a result of your injury? _____

If so, list the dates you were unable to work. _____

FROM: _____ TO: _____

14. **Prior Physical Examinations**

List here **EVERY** physical examination you have ever had during the last five years, for any purpose, including employment, promotion, insurance, selective service, armed forces, etc. State date, name of doctor, and result, as fully as you can recall.

a) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

b) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

c) Date _____ Place _____

Name of doctor _____

Purpose _____

Result _____

15. Prior Accidents and Injuries

Failure to mention other accidents or injuries can undermine a lawsuit, no matter how trivial they may seem. List here every such incident, whether it resulted in a claim for damages or not, stating the date, place, nature of the accident and extent of your injuries. If none, so state:

16. Illness or Disease

No matter how trivial an illness, either before or since your accident, we must know about it. This is particularly true if there is any connection with your present physical complaints. At the trial, the defendant will have a complete history of your past physical condition, made available through medical and hospital records, veteran's records, insurance records, etc.

a) Date _____ Nature of illness _____

Duration _____ Treated by _____

Hospitalized? _____ If so, give dates: _____

Name and address of hospital _____

b) Date _____ Nature of illness _____

Duration _____ Treated by _____

Hospitalized? _____ If so, give dates: _____

Name and address of hospital _____

c) Date _____ Nature of illness _____

Duration _____ Treated by _____

Hospitalized? _____ If so, give dates: _____

Name and address of hospital _____

Do you now, or have you ever had trouble with: eyes? ____ ears? ____

If so, give details:

Have you ever worn glasses? _____ an artificial eye? _____
a hearing aid? _____

If so, give details:

Have you ever worked with radioactive substances, asbestos or any other substance alleged to cause diseases, such as cancer?

Have you ever been denied life or health insurance? _____

If so, by which company and why? _____

17. **Alcoholism, Drug Addiction and Venereal Disease**

If you have ever been treated for these conditions, please be sure to discuss it with your attorney **CONFIDENTIALLY**, long before your case goes to trial.

18. **The Injury**

State all injuries known to be a result of the accident:

Length of time confined to bed _____

Length of time confined to house _____

State present physical condition, including scars, disabilities, deformities, discomforts, etc., due to the injuries:

19. List all physicians and surgeons you have seen for your injury/injuries.

a) Name _____

Address _____

Nature of treatment _____

Still under care? _____

- b) Name _____
Address _____
Nature of treatment _____
Still under care? _____
- c) Name _____
Address _____
Nature of treatment _____
Still under care? _____
- d) Name _____
Address _____
Nature of treatment _____
Still under care? _____

20. List all nurses, therapists or other health care professionals that you have seen.

- a) Name _____
Address _____
Nature of treatment _____
Still under care? _____
- b) Name _____
Address _____
Nature of treatment _____
Still under care? _____