

DECLINED PROSPECTIVE CLIENT INFORMATION SHEET

TODAY'S DATE _____

Prospective Client's Full Name _____

Prospective Client's Former or Additional Names _____

Spouse's/Partner's Full Name _____

Spouse's/Partner's Former or Additional Names _____

Street Address _____

City/State _____ Zip _____

Telephone _____ Email Address _____

Conference with Attorney Regarding: _____

Date Declined as a Client: _____

Reason for Decline: _____

CONFLICT CONTROL	
NAME	RELATIONSHIP

Entered into conflicts system by _____

Nonengagement letter sent by _____

IMPORTANT NOTICES

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