



**FREE SURGERY CLIENT QUESTIONNAIRE AND CONFLICT CHECK**

Before a lawyer can see you we have to ensure that there is no conflict of interest with any of our existing clients. Please can you complete the details below and return it to Reception before your appointment, along with a copy of your ID.

Name		
Address		
Reason for Coming: Family Property Personal Injury Business Will LPA Estate matter Other	Please provide a brief outline of the issue you wish to discuss:	
Have you sought advice from another lawyer about this matter, whether free or paid?  YES/NO	If YES please provide details of who you have spoken to and what advice they gave:	
<b>Office Use Only</b>		
Matter Number		
Conflict check carried out?	Yes/No	By:
ID taken	Yes/No	Type:
Appointment made with:		

I understand that this is free, general legal advice and that anything discussed will be recorded in the same way as if I was a paying client.

I agree to my details being saved electronically.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>CHECKLIST</b>	
Legal aid / EX160 forms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Wills?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Estimate of costs/discussion of how we bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable <b>Estimate given =</b>  Fee options discussed?
UN1 or matrimonial home rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Domestic Violence issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Children issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Court fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable
Risk assessment on client?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> not applicable <b>Is the risk low or high? -</b>

<b>AOB</b>
Date of marriage (if applicable)
Partner/spouses name and DOB
Children's Names & DOB

**Next steps:**