

Information & Instructions: Conflict of interest & statute of limitations verification form

PREVIEW

1. This verifies that the law firm has confirmed that no conflicts of interest exist with the case; if one does, then the proper actions have been taken to disclose or avoid the conflict and that the statute of limitations have not expired.

Form: Conflict of interest & statute of limitations verification form

CONFLICT OF INTEREST & STATUTE OF LIMITATIONS VERIFICATION FORM

[Date]

[Staff attorney's name]

PLEASE DO NOT COPY

Potential Client: [Client's name]

Names submitted for verification:

[Names to check for a conflict of interest]

Date Cause of Action Arose	Applicable Statute of Limitations	Actual Date of Statute of Limitations
[Date Cause of Action Arose]	[2 or 4 years]	[Statute of Limitations Implication]

THIS DOCUMENT

Date of Verification: [Date of the Conflict of interest was Verified]

Name	No Conflict of Interest	Statute of Limitations
[Staff Attorney's Name]		

NOTES

THANK YOU

[Date]
PREVIEW

[Client's name]
[Client's address]

Regarding: Disclosure of Potential Conflict of Interest

Dear [Client salutation]:

This letter is to inform you that this office will be unable to represent you in regards to [Matter for Representation] for which you have sought services as a result of a prior conflict of interest which has been identified.

PLEASE DO NOT COPY
I represented [Name of Attorney with Conflict] in [Prior Representation] which is a potential conflict of interest. This office can represent you with the consent of [Name of Attorney with Conflict]. Since the matters are not related, it is my belief that there is no actual conflict, but the consent of [Name of Attorney with Conflict] is required.

In that case, it will be possible to represent you further; otherwise, I will be happy to assist you to identify another attorney to help you in this matter.

Very truly yours

[Attorney's name]
THIS DOCUMENT

THANK YOU

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