

WEBSITE FORM FOR CONFLICTS CHECK

When fully completed, please fax or email the completed form to Scott A. Haas, P.A.

Fax to: Scott A. Haas, Esquire at (813) 849-0051
or email to: shaas@shaaslaw.com

Your full legal name: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Contact phone: (____) _____ - _____

Contact email: _____@_____

If your dispute involves a corporate entity or partnership operated by you, the full legal name of your entity: _____

FEI Number of your entity: _____ (tax I.D. number for entity)

Fictitious name for your entity (aka dba): _____

Entity address: _____

(City) _____ (State) _____ (Zip) _____

IMPORTANT: Please provide the full legal names of each party with whom you have a dispute (i.e. adverse party):

Adverse Party: _____

Address: _____

(City) _____ (State) _____

Additional Adverse Party: _____

Address: _____

(City) _____ (State) _____

IMPORTANT: Are there any other persons or entities who are involved in this dispute? If so, please provide their full legal names here:

Please know that a conflicts check is a necessary step before a firm discusses confidential information with a potential client. To avoid a conflict of interest, the firm requires that this form be completed in full. The firm is relying on the information you provide. Do not send any other documentation to the firm. Please know that sending this form does not create an attorney-client relationship and that the firm typically requires a retainer agreement to be executed before undertaking work.