**CONFLICT CHECK QUESTIONNAIRE**

Potential Client (Plaintiff or Defendant), City & State:

Client’s Counsel, Address & Phone Number:

Opposing Parties (and relationship, if any):

Opposing Counsel, City & State:

Other Third Parties (if any):

Opposing Experts (if known):

Expert Designation Date (or Rule 26 Report date):

Trial Date:

Court, Case Name & Number, Judge:

Please return the above-requested information to Skorheim & Associates by email to [james@skorheim.com](mailto:james@skorheim.com).