CPCS Conflict Check Form - Updated 1/10/20

Before participating in an arraignment or accepting an assignment, all efforts must be made to run a conflict check. This conflict check is to be completed within **two** business days from case assignment, first meeting, arraignment, receipt of discovery or additional discovery or receiving new information. **Additional conflict checks must be completed within two (2) business days after the attorney receives discovery, notice, or information from any source that identifies additional witnesses and/or parties to the case.**

Date of request	Division - Office	Attorney making the request:

Client Name:	DOB:	Held: **Yes** ☐ **No** ☐

Client Alias(es):

Have you met with client? **Yes** ☐ **No** ☐

Are you aware of any potential conflict? **Yes** ☐ **No** ☐

If you aware of any potential conflicts, explain:

Person who ran the check:	Date check was performed:

Types: W-Witness; AV-Alleged Victim or CW-Complaining witness; CD-Codefendant; CI-Cooperating Individual; F-Family Members; OP-Other Party; O-Other (describe in CASEY)

Type	Name (last, first, middle) and/or known aliases	DOB	Last four digits of SSN (if available)	See Attached CASEY information	No information found in CASEY

***Whenever CPCS ACCEPTS representation, a completed copy of this form must be placed in the CPCS case file. This Conflict Check form is an administrative document completed solely to determine whether CPCS has a conflict with a case, and is therefore NOT a part of the client's file.**

ADDITIONAL CHECKS MUST BE RUN EVERY TIME DISCOVERY REVEALS A NEW WITNESS OR PARTY.