

Conflicts Check for CLINIC's Motions to Reopen Assistance

Project We will need the following information to run an internal conflicts check:

- Potential Client's full legal name:
- Nick names or other names used:
- Date of birth:
- Country of birth:
- A number:
- Adverse parties:
- Names of past persecutors, if any (includes government, criminal groups or individuals):
- Names of abusers, if any:
- Names of perpetrators of crimes, if any:
- If ever a victim of human trafficking, name of that person or group:
- If ever had a case in court in the United States, or abroad, name of the opposing party:

Questions to determine if Potential Client may be an adverse party:

- Have you ever been arrested in the U.S. or elsewhere? If the crime had a specific victim, what is the name of the victim?
- Did you ever work for a foreign government? In what capacity? (Police, army, etc.):
- Name of spouse, if any:
- Names of minor children:

Please email completed form to tvigil@cliniclegal.org and agarcia@cliniclegal.org.

Thank you for your assistance.