

LAW OFFICES OF  
TIMOTHY BOWLES

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**CONFIDENTIAL**  
**Conflict of Interest Information Form**

**Information:**

The rules of professional conduct of the State Bar of California prohibit a member of the bar from representing conflicting interests, except with the written consent of all parties concerned [Cal. Rules Prof. Conduct 5-102(B)]. In addition, the American Bar Association's Model Rules of Professional Conduct state that an attorney must not represent a client if the representation of that client will be directly adverse to another client, unless (1) the attorney reasonably believes the representation will not adversely affect the relationship with the other client, and (2) each client consents after consultation [ABA Model Rules of Profession/conduct, Rule 1.7] The following information is being requested for use in the determination of whether a possible conflict of interest situation exists. Please provide complete information.

Date: \_\_\_\_\_

**I. Client Information**  
**Individual**

Full name: \_\_\_\_\_

Any prior names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

*Employer:* \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

*Previous Employer (within the past five years):* \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_



2. Case Name: \_\_\_\_\_  
Counsel: \_\_\_\_\_  
Summary of case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Judgment or current status: \_\_\_\_\_

(Continue on additional paper if needed.)

Please list any names you would like us to check to ensure no conflict of interest: \_\_\_\_\_  
\_\_\_\_\_

Note: If we are unable to represent you we will do our best to refer you to other counsel but we can make no guarantee of their availability or ability to represent you.