

APPENDIX 5**IN HOUSE CLINICS - CONFLICTS OF INTEREST FORM**

NAME: _____

DATE: _____

The purpose of this form is to determine if there are any real or potential conflicts of interest that would jeopardize the confidentiality and loyalty required if you are enrolled in the Suffolk University Law School Clinic Programs (SLC). Therefore, please take your time to answer these questions thoughtfully and completely. (Attach additional sheets if necessary.) You are obligated to submit any updates or changes to this form while enrolled in the SLC.

1. Have you worked or volunteered for a law firm, legal services office, corporate legal department, governmental agency, a judge, or hearing examiner prior to applying for the SLC?

2. If yes, where have you worked? List all, starting with the most recent. Give dates and locations.

3. On what types of cases did you work at each location? (If your clinic supervisor determines that the types of cases are substantially related to the practice areas in the Clinical Programs, you will be asked to provide a full list of all matters on which you worked.)

4. Are you **presently** employed or volunteering at any offices listed in question #1 or are you planning on being employed or volunteering at any office during the semester?

5. If yes, where are you (or will you be) employed or volunteering?

6. On what types of cases are you (will you be) working on?

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7. Please provide a list of all matters on which you are currently working.

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8. Please state any entities to which you have applied for future employment, including law firms, legal services offices, corporate legal departments, governmental agencies, judges, or hearing examiners. If you have had any communication beyond sending your resume, please list them. (You do not need to include potential employers to whom you have sent a resume, but heard nothing further. If you hear from them subsequently, you are required to update this form.)

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9. Are there any other personal, financial, or family interests that could present conflicts of interest for you in the clinic? If so, please identify them here.

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10. Have you been enrolled in any other SLC program before?

[YES]

[NO]

11. If yes, please indicate the semester(s) in which you were enrolled, which clinic, and the location of your placement below.

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12. Please state any other non-legal jobs, volunteer position or Board affiliation you will hold during the upcoming academic year or summer session while enrolled in the SLC.

Please Note: you have an obligation to conduct a new conflict check on any new matter you work on during the academic year.