**Student ConflictS Check Form**

We ask students to complete a conflict of interest form and submit it prior to the commencement of their clinical work.  Please complete the form and, by the first day of the semester or your first day of clinical work at LSC, submit it via e-mail to [lsc@law.harvard.edu](mailto:lsc@law.harvard.edu).  Please note that depending on the nature and type of prior legal work a student has experienced, a student may need to confer with a prior legal employer to confirm information requested on the form.  Therefore, students should allow sufficient time to complete the form prior to semester’s start.  If you have any questions at all or believe you will need additional time to complete the form, please contact your clinical instructor.

**NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ACADEMIC SEMESTER** \_\_\_\_\_\_\_\_\_\_\_\_  
**CLINIC** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PAST EMPLOYMENT**

Please list below all of your previous work experience, including pre-law school internships as well as law school summer associate positions, externships, or other clinical placements. Please add rows below as needed.

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| **Employer & Office Location** | **Dates** | **Position** |
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1. **FUTURE EMPLOYMENT**

If you have accepted an offer of future legal employment, such as a summer associate position for next summer or permanent employment, fellowship, or clerkship after graduation, please provide the information requested below. Please add rows below as needed.

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| --- | --- | --- |
| **Employer & Office Location** | **Type of Future Employment**  **(Summer, Fixed Duration, Permanent)** | **Practice Area** |
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1. **PAST CLIENTS**

Please list below the clients you have represented or on whose matters you have worked in any capacity and a brief description of the type of matter on which you worked. **Do not reveal any confidential or attorney-client protected information**. If you have any questions, please contact your clinical instructor. Please add rows below as needed.

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| --- | --- | --- | --- |
| **Employer** | **Client’s Name** | **Adverse Party** | **Type of Matter** |
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Please sign, date, and return this form to [lsc@law.harvard.edu](mailto:lsc@law.harvard.edu). Please note that electronic signatures are accepted.

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(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)