



# Lawyers Mutual

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## COLD CALL/E-MAIL/CASUAL CONTACT LOG

Date \_\_\_\_\_ Telephone  E-Mail  Casual Contact  Log # \_\_\_\_\_

**CONTACT INFORMATION:**

Name/Business Entity \_\_\_\_\_

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

\_\_\_\_\_

Tel.# \_\_\_\_\_

Cell# \_\_\_\_\_

Fax# \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**OTHER PARTIES:** (*identify for conflict check*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBJECT:** \_\_\_\_\_

**MEMORANDUM FOR RECORD:** (*include facts, any legal advice given, disclaimers made*)

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**STATUS/ACTION REQUIRED:**

Conflict check required: **Completed** \_\_\_\_\_

Matter declined \_\_\_\_\_

Letter of non-engagement required: **Completed** \_\_\_\_\_  
Copy attached

Matter accepted \_\_\_\_\_

Follow-up call required: **Completed** \_\_\_\_\_

Make office appointment: **Completed** \_\_\_\_\_

E-mail correspondence attached

Copy this memo to office conflict check system

No action required

Letter of engagement required: **Completed** \_\_\_\_\_