



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*)

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** _____