



Cold Call/E-Mail/ Casual Contact Log

Date _____ Telephone E-Mail Casual Contact Log # _____

Contact Information:

Name/Business Entity _____

Address: _____

City _____ State _____ Zip _____

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