

OFFENDER REHABILITATION DIVISION REFERRAL – CONFLICT CHECK

I have completed a review of court records and have inquired of my client, and to my knowledge, the referring client is not a co-defendant or a witness against a Public Defender Service client. In addition, this client is not suing a Public Defender Service member and has not filed ineffective assistance charges against a present Public Defender Service attorney.

If at any time during the case, I become aware of a conflict, I will notify a member of the Public Defender Service conflict team (specifically, a Trial Chief, Deputy Trial Chief, Deputy Chief of Legal Services, or General Counsel).

I certify that the above information is true and accurate to the best of my knowledge.

Conflict Check on:

Mr/Ms. _____

PDID: _____

Co-Defendant(s) & PDID#s: _____

Referring Attorney's Name

Bar #

Attorney Signature

Date