Inquiry: Conflict of interest

Instruction Sheet-Debt Collection

Your Details	
Title	Mr Mrs Ms
Name, Surname	
Name of company	
Street/ ZIP/City	
Phone	
Email	
File #	
Opponent Details	
Name of Company	
Director (Name, Surname)	
Street/ ZIP/City	
Phone	
Email	
	PLEASE NOTE: The sending of the form and/or the documents does not constitute a client attorney relationship. This requires the explicit acceptance of the mandate by the law firm by letter, fax or email. We take no responsibility for quick reaction to your request.
Conflict-Inquiry	Before collecting informations to the case we check, whether there may be a reason not to accept a mandate, like conflict of interest regarding the client or the opponent, or any other reason. THORN Law firm inform you – after checking client and opponent, with the following message:
THORN Law firm	We are sorry. There are reasons not to accept a mandate. We could accept a mandate! Now, please send detailed information for a telephone call about the case with you. Please note: Your conflict inquiry and our answer do not constitute a client attorney relationship. This depends on our separate decision, after we have received further information on the case. A mandate would further require a seperate explicit and written acceptance of your separate mandate request with signing a fee agreement.

Please send only this form, no copy of outstanding invoice / contract / agreement / purchase order or correspondance with the opponent.

PLEASE SEND TO DR.THORN Rechtsanwälte PartGmbB BY FAX ON 0049-89 -38019950
OR EMAILTO: thorn@thorn-law.com

