

CONFIDENTIAL

LATERAL PARTNER QUESTIONNAIRE

Thank you for your interest in FIRM. At your convenience, please review and complete the following questionnaire. If you have any questions, please contact _____ at +# ### ### ##### or _____ at +# ### ### #####.

By providing the following information to FIRM, you are assuring that these disclosures are not inconsistent with your ethical obligations and/or any agreement between you and your present law firm or employer and its policies. The information you provide will only be relied upon by FIRM to better understand you and your practice. It will not be relied upon to access any client contacts or for any other reason.

Section 1. Personal Information

First Name:			
Last Name:			
Date of Birth:		SSN:	
Home Address:			
City/Town:			
State/Province:		Zip/ Postal Code:	
Country:		Preferred Form of Contact (please place an 'x' next to the form or forms of contact you would prefer)	
Telephone (home):			
Telephone (mobile/cell):			
Telephone (office):			
Email Address (preferred for private communication):			

Section 2. Employment/Partnership

2.1 Present Employment/Partnership			
Name of Employer/Firm:		Location:	
Current Position/Title:		Dates: (Month/Year)	
Level:	<input type="checkbox"/> Equity <input type="checkbox"/> Non-equity <input type="checkbox"/> Other		
Prior Position (if any):		Dates: (Month/Year)	
Reason for Leaving:			

2.2 Previous Employment/Partnership			
Name of Employer/Firm:		Location:	
Current Position/Title:		Dates: (Month/Year)	
Level:	<input type="checkbox"/> Equity <input type="checkbox"/> Non-equity <input type="checkbox"/> Other		
Prior Position (if any):		Dates: (Month/Year)	
Reason for Leaving:			

Name of Employer/Firm:		Location:	
Current Position/Title:		Dates: (Month/Year)	
Level:	<input type="checkbox"/> Equity <input type="checkbox"/> Non-equity <input type="checkbox"/> Other		
Prior Position (if any):		Dates: (Month/Year)	
Reason for Leaving:			

Name of Employer/Firm:		Location:	
Current Position/Title:		Dates: (Month/Year)	
Level:	<input type="checkbox"/> Equity <input type="checkbox"/> Non-equity <input type="checkbox"/> Other		
Prior Position (if any):		Dates: (Month/Year)	
Reason for Leaving:			

Section 3. Education

3.1 Law School:		Graduation Date:	
Degrees/Honors:			

3.2 Undergraduate School:		Graduation Date:	
Degrees/Honors:			

Section 4. Languages

Please list the languages you speak and your level of fluency in each.	
Degrees/Honors:	

Section 5. Memberships, Associations, and Committees

5.1 Please list the state (if US) and/or the country/jurisdiction (if non-US) where you are admitted or qualified to practice law and, in each case, the date admitted or qualified.			
State or Country/Jurisdiction:		Date Admitted or Qualified to Practice Law:	
State or Country/Jurisdiction:		Date Admitted or Qualified to Practice Law:	
State or Country/Jurisdiction:		Date Admitted or Qualified to Practice Law:	

5.2 Please list bar associations and/or committees, as well as any other relevant, professional memberships and organizations that you are part of.	
Bar associations and/or committees:	
Other professional memberships:	
Organizations:	

Section 6. Professional Accomplishments

Please describe significant professional accomplishments and specific recognition of those accomplishments (e.g., major transactions you have led or advised on, number of cases tried to verdict, awards/ rankings, and recent articles/ speeches).

Section 7. Hours and Rates (Please indicate the currency if the values are not in US\$).

7.1 Generally				
	Current Year (annualized) (Month/Year to Month/Year)	Prior Year (Month/Year to Month/Year)	Two Years Ago (Month/Year to Month/Year)	Three Years Ago (Month/Year to Month/Year)
Standard Client Billing Rate:				
Client-chargeable Hours Worked and Billed:				
Client and Business Development:				
Practice and Professional Development; Recruiting:				
Management and Administration:				

7.2 Any additional information related to the above that you wish to provide.

7.3 Allocation of Hours	
Percent of billable hours spend on clients you introduced (originated):	

Section 8. Your Historical Compensation (Please indicate the currency if the values are not in US\$).

8.1 Overview				
	Current Year (annualized) (Month/Year to Month/Year)	Prior Year (Month/Year to Month/Year)	Two Years Ago (Month/Year to Month/Year)	Three Years Ago (Month/Year to Month/ Year)
Base Compensation:				
Bonus:				

8.2 Please provide any other forms of compensation or benefit that you receive or have received (e.g., housing, cost of living allowances, and healthcare).

Section 9. Billings and Collections (Please indicate the currency if the values are not in US\$).

9.1 Fee Arrangements
Please explain the percentages of your collections, originations, etc. that consist of contingent or success-dependent billings, discount, or premium billings, blended rates, fee caps, fixed prices, or any billing methodologies other than the standard hourly rates.

9.2 Historical Billings and Collections.¹				
	Current Year (estimated) (Month/Year to Month/Year)	Prior Year (Month/Year to Month/Year)	Two Years Ago (Month/Year to Month/Year)	Three Years Ago (Month/Year to Month/Year)
Billings (originated):				
Collections:				
Percent of time collected:				

9.3 Please explain the client billing method and how origination and/or management credit is distributed among partners at your current firm.

¹ Explain the method of client billing and origination credit at your current firm.

9.4 In order to better understand the size/nature of your practice, please provide the approximate billings during the first (partial) and second years with the Firm and the clients you expect to become clients of the Firm.

Name of Client	Likelihood of Following You (1-10 Scale, 10 being most likely)	Minimum			Reasonably Expected			Optimistic Scenario		
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	
		Y1	Y2		Y1	Y2		Y1	Y2	

		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	
		Y1		Y2		Y1		Y2		Y1		Y2	

9.5 Please describe any clients listed above that may be affected by factors such as your current firm being on an approved panel or the continued involvement of specific attorneys from your current firm who may share the relationship and/or service with the client.

Section 10. Principal Clients

Name and Location	Type of Business	Current Year Billings (estimated)	Prior Year Billings	Two Years Ago

10.1 Do any of the clients listed above require a formal RFP or panel process?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Section 11. Historical Client Fee Generation

Please describe how the client make up of fees has changed over time for you (i.e. how consistent is the generation of fees from particular clients over the last 3-5 years and what factors influence those changes.)

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Section 12. Support for Clients and Your Practice

Please describe the support that will be required in terms of (a) lawyers, (b) staff, (c) other resources, or (d) access to particular areas of expertise in order to service your anticipated client work.

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Section 13. Restrictions

13.1 Are there any restrictions in your current firm's partnership agreement or otherwise as to the return of your capital or where you may practice law should you join FIRM? (If so, what are those restrictions?)

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13.2 Are there any restrictions in your current firm's partnership agreement or otherwise with respect to engagements by your clients or FIRM should you join FIRM? (If yes, what are those restrictions?)

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13.3 Are there any restrictions in your current firm's partnership agreement or otherwise with respect to recruitment or employment of lawyers should you join FIRM? (If yes, what are those restrictions?)

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13.4 Are there any restrictions in your current firm's partnership agreement or otherwise that require you to give a period of notice of your withdrawal from your current firm? (If yes, please elaborate.)

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Section 14. Background Information

<p>14.1 Are you currently in an unsound financial condition, or are you aware of any circumstances that may cause you to not be in a sound financial condition? (If yes, please explain.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.2 Have you, or has a business that you owned or controlled or of which you were an officer or director, ever filed for bankruptcy or otherwise been involved in any insolvency cases or proceedings? (If yes, please elaborate.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.3 Are you personally liable (as a guarantor or otherwise) for any debt for your existing law firm or any previous law firms? (If yes, please describe.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.4 Are you now, or have you at any time in the past been, a member of the Executive Committee, Management Committee, Board of Directors, or a similar body at your current firm or any previous law firms? (If yes, please describe.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.5 Subsequent to your departure from your current firm, will you have any continuing financial interest in your current firm or in any litigation or other matters being handled by your firm? Do you have any continuing financial interest in any other law firms? (If yes, please describe.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

14.6 Have you ever been asked (explicitly or implicitly) to leave a legal employer or partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.7 Have you ever failed to file all applicable income tax returns (including those for the payment of estimated taxes) for the preceding three years or pay all taxes due? (If yes, please explain).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.8 Are you now, or during the preceding five years have you ever been, a party (plaintiff or defendant) in any pending administrative proceedings, arbitrations, or criminal or civil court actions (exclusive of routine, non-alcohol-related or non-drug-related motor vehicle offenses)? Have you ever been charged with or convicted of a felony or misdemeanor, the penalty for which could be incarceration? (If yes please describe and state the status and outcome of each).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.9 Have you ever been involved in a matter that resulted in a malpractice claim or allegation against you or any of your prior firms (whether or not an action was actually filed and whether or not you were individually named as a defendant)? If yes, please describe and state the status and outcome of each).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.10 Have you ever been the subject of sexual harassment, unlawful discrimination, or other claim or allegation made in the context of the workplace (whether or not any formal action was taken)? (If yes, please describe and state the status and outcome of each).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.11 Have you ever been disciplined by any bar or equivalent licensing body or, to your knowledge, have there ever been any complaints lodged against you with any such body? (If yes, please describe and state the status and outcome of each.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.12 Are you now, or in the last five years have you been, a party to any business transactions with clients, investments, or client business enterprises? (If yes, please elaborate).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.13 Do you currently serve as a trustee, director, or other fiduciary of any corporations (public, private, for-profit, or charitable) or other entities? (If yes, please elaborate).	<input type="checkbox"/> Yes <input type="checkbox"/> No

14.14 At the time you joined FIRM, will you continue to be subject to any legal and contractual obligations that you have with your current firm or employer? (If yes, please elaborate).	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>14.15 Are you aware of any facts or circumstances that would result in damage or embarrassment to FIRM or to you if you join FIRM as a partner? (If yes, please elaborate).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.16 Are you aware of any matters being handled by your current or former firm which FIRM currently or formerly served as the opposing counsel? (If yes, do you have or have you had any involvement in such matters)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>14.17 Are you aware of any other matters that may create a conflict with FIRM? (If yes, please describe the matter(s)).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section 15. Conflicts of Interest Information

This information is sought in order to assess potential conflicts of interest. Please provide the names of all the clients whom you have done work for during the past three years. With regards to each, please provide the names of the opposing parties and/or other interested parties as well as a description of the matter. If relevant, please provide any client-imposed restrictions (e.g. restrictions that are outlines in a client’s guidelines to counsel and engagement letters) that may affect your ability to work at FIRM or FIRM’s ability to act for such clients or existing clients of FIRM.

Name of Client	Opposing Parties/ Attorneys	Other Interested Parties	Description ²

² Please indicate if the matter is confidential or if FIRM is, or has been, involved in it.

Section 16. References (Note: References will not be contacted without your written permission).

16.1 Professional References			
Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

16.2 Personal References			
Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

Name of Client:		Contact Person/Title:	
Address:			
Telephone:		Email Address:	
Nature of Relationship:			

Section 17. Source of Introduction

How did you learn about this opportunity with FIRM? (If it was through a recruitment service, please provide the recruiter's name and contact information).

Section 18. Other Documents to be furnished to FIRM

- Documentary evidence of your admission to the bar or other qualification to practice law in your state/country or jurisdiction.
- An official/certified copy of your law school transcript.
- A copy of your K-1 (or any equivalent document issued by your current firm confirming your compensation if based outside US) relating to the most recently ended fiscal year.
- Please attach a copy of your most recent resume/CV. Please include all firms and other employers (and corresponding dates) for which you have worked since graduating from law school and confirm that all legal employers are listed in the attached.

Section 19. Notification of Background and Reference Checks

FIRM (the "Firm") hereby notifies you that the Firm and/or its third party agents may process or transfer your personal data, including your background, references, character, past employment, consumer reports, education, and criminal history record information, including those maintained by both public and private organizations, and all public records, and all the information you provide on this questionnaire, in the US and globally, for the purpose of confirming information relating to your candidacy and/or obtaining other information which may be material to your qualifications to join the Firm as a partner.

By submitting this signed questionnaire, you confirm that you consent to the Firm's processing of your personal data for the purposes set out in this Notification, and it is your affirmative responsibility to bring to our attention any questions with regard to this consent. You also agree, as a condition of joining the Firm as a partner or continuing as such a partner, that you shall execute any additional written authorization or other document, or take any additional step, as may be reasonably necessary for the Firm to obtain access to and copies of your personal data that the Firm requires for the purposes set out in this Notification.

The references you provide in Section 16 will not be contacted without your specific further authorization.

We expect that you will fulfill all fiduciary responsibilities and ethical and contractual obligations you have to your firm. Our discussions with you concerning a potential association with FIRM are based upon our understanding that you will discharge all such duties and obligations to your current firm with the same honesty and fidelity that we would expect of you if you were to join FIRM.

FIRM is committed to creating a diverse and inclusive professional environment. FIRM prohibits all forms of discrimination prohibited by applicable laws.

I have read and understand FIRM does not discriminate on the basis of race, color, sex, religion, national origin, age, handicap or status as a special disabled veteran, veteran of the Vietnam era or any "eligible veteran."

Please note that all fee income earned for services performed while you were associated with your former firm belongs to your former firm. If you become associated with FIRM as a partner or otherwise, all such fee income must be directed and paid to your former firm and not to FIRM.

CERTIFICATION

I hereby certify that I have completed the above questionnaire to the best of my ability and that it is accurate and complete.

Signature:

Date:
