



Client/Matter Instruction Check

Person taking instructions	
Date instructed	Time instructed

Client 1 details (individual)

Client 2 details (individual)

Surname	Surname
Given names	Given names
Title	Title

Client details (company)

Full name of company	
Trading name	
Directors	
Shareholders	
ABN	ACN
GST registration?	

Contact details

Main address		
Suburb	State	Postcode
Postal address (if different from main address)		
Suburb	State	Postcode
Phone (h)	Phone (w)	
Phone (mob)	Fax	
Email		
Website		

Please tick (✓)

Engagement

Yes No

Identity check (individual)	<input type="checkbox"/>	<input type="checkbox"/>
Identity check (company)	<input type="checkbox"/>	<input type="checkbox"/>
Identity check (trustee)	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refer to Lawcover's Risk Management Client Identification Check</i>		
Is the client an attorney?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Obtain a copy of the document to ensure that the attorney is acting in accordance with the terms of the document</i>		
Conflict of interest check	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refer to Lawcover's Risk Management Conflict of Interest Check</i>		
Solvency check	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is the client sufficiently solvent to fund the matter?</i>		
Previous solicitor history check	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is the client "solicitor shopping"?</i>		
Area of law	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you have the expertise, resources and/or time to properly handle the matter?</i>		
Limitation/critical date	<input type="checkbox"/>	<input type="checkbox"/>
<i>Is there an imminent limitation or critical date?</i>		
<i>Refer to Lawcover's Schedule of Limitations</i>		

Costs

Disclosure/agreement	<input type="checkbox"/>	<input type="checkbox"/>
Is this a matter where a cost disclosure/agreement is required?	<input type="checkbox"/>	<input type="checkbox"/>
Agreed billing method (eg: monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Payment required (eg: 14 days)	<input type="checkbox"/>	<input type="checkbox"/>
Money on account?	<input type="checkbox"/>	<input type="checkbox"/>