

# Conflict of Interest Disclosure Form

## For Legal Counselors

Full Name

Position / Title

Organization / Firm

Email

Date

Please disclose any actual, potential, or perceived conflicts of interest related to your professional duties as a legal counselor.

Do you have any close personal, financial, or professional relationships that may conflict with your responsibilities?

☐ Yes ☐ No

If yes, please describe:

Other Relevant Information

Signature

Date