

LATERAL HIRING QUESTIONNAIRE

NOTE: In completing this Form, please use your best estimates and do not include any data that would violate client confidences or any duties owed to your current firm.

PHASE I

PERSONAL DATA

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Office) _____ Private Voicemail? **YES** **NO**

Telephone: (Home) _____ Cell Phone: _____

Private email: _____ Private Fax: _____

EMPLOYMENT DATA

Describe your practice area: _____

Present Employment:

Name of Firm: _____

Address of Firm: _____

Current Position: _____ Since: _____

Prior Position: _____ From _____ To: _____

Reason for Leaving: _____

Previous Employment:

Name of Firm: _____

Address of Firm: _____

Prior Position: _____ From _____ To: _____

Reason for Leaving: _____

Earlier Employment History: _____

Professional Affiliations:

Admitted to State Bars of (and dates of admission): _____

Bar Associations: _____

Other Professional Associations: _____

Recent Articles: _____

Recent Speeches: _____

Other Relevant Information: _____

EDUCATIONAL DATA

Law School: _____

Date of Graduation: _____

Honors/Law Review: _____

Other Graduate Schools: _____

Date of Graduation: _____

Degree/Honors: _____

College: _____

Date of Graduation: _____

Degree/Honors: _____

PHASE II

BUSINESS DATA

Client Generation:

Explain method of client attribution at present firm: _____

Practice Information:

Collections on your own time

This year (annualized) _____
Last year _____
Two years ago _____
Three years ago _____

Total collections on matters for which you are (were) the work's primary managing or responsible attorney

This year (annualized) _____
Last year _____
Two years ago _____
Three years ago _____

Total collections on matters for which you are (were) the attorney originating the work

This year (annualized) _____
Last year _____
Two years ago _____
Three years ago _____

Realization Rate: Please estimate the realization rate of the revenue collected compared to the value of the recorded time at standard billing rates for all attorneys working on matters for which you were the primary responsible attorney (e.g. revenue collected = \$100,000; time recorded at standard rates = \$110,000; realization rate = 91%).

This year (annualized) _____
Last year _____

Two years ago _____

Three years ago _____

Estimated Portable Billings & Collections:

	<u>Minimum</u>	<u>Reasonably Expected</u>	<u>Optimistic Scenario</u>
Billings	_____	_____	_____
Collections	_____	_____	_____
% of Time to be Collected	_____	_____	_____

Are your portability estimates contingent on our hiring specific other individuals? **YES** **NO**

If yes, please explain. _____

Your Billing Rate(s)

This year _____

Last year _____

Two years ago _____

Three years ago _____

Retainers:

Explain circumstances where retainers are requested, how their amount is determined and how they are used: _____

Billing Frequency:

Monthly _____%

Quarterly _____%

Other _____%

Please explain "other" _____

Billing Methodologies:

Explain extent to which practice relies on contingent or success-dependent billings, discount or premium billings, blended rates, fee caps, fixed prices or any other billing methodology other than standard hourly rates: _____

Disbursements:

Explain any unusually high disbursement requirements of practice: _____

Hours Billed:

	<u>Current Year (Annualized)</u>	<u>Prior Year</u>	<u>Two Years Ago</u>	<u>Three Years Ago</u>
Client Billable:	_____	_____	_____	_____
Administrative:	_____	_____	_____	_____
Educational:	_____	_____	_____	_____
Pro Bono:	_____	_____	_____	_____
Promotional:	_____	_____	_____	_____

Current Secretarial Use (Circle one)

SOLE

SHARED

Identify specific materials which are imperative to conduct your practice, e.g., books, software, equipment, periodicals, etc.: _____

Practice Development
Expenses Paid By Firm:

<u>Current Year *</u> <u>(Annualized)</u>	<u>Prior Year</u>	<u>Two Years Ago</u>
_____	_____	_____

Key Clients: (list 10 highest billing clients)

	<u>Name & Address</u>	<u>Type of Business</u>	<u>Type of Relationship</u>	<u>Current Year Billings (Annualized)</u>	<u>Prior Year Billings</u>	<u>Two Year Prior Billings</u>	<u>Data Verified</u>
1.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
2.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
3.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
4.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
5.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				

	<u>Name & Address</u>	<u>Type of Business</u>	<u>Type of Relationship</u>	<u>Current Year Billings (Annualized)</u>	<u>Prior Year Billings</u>	<u>Two Year Prior Billings</u>	<u>Data Verified</u>
6.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
7.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
8.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
9.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				
10.	_____	_____	_____	\$ _____	\$ _____	\$ _____	_____
	_____	_____	_____				
	_____	_____	_____				

Professional Experience:

Describe with specificity the types of matters handled recently.

(1)

(2)

(3)

CONFIDENTIAL

CONFIDENTIAL

(4)

(5)

(6)

Practice Restrictions:

Are you subject to a no-compete or similar agreement at your current firm? **YES** **NO**

If yes, please describe:

DUE DILIGENCE DATA

If the answer to any of the following is yes, please explain:

Have you ever had any malpractice claims asserted against you? **YES** **NO**

Have you ever been involved with any litigation with regard to the provision of professional legal services?
YES **NO**

Have you ever had any insurance company cancel or refuse to renew any professional liability insurance?
YES **NO**

During the past five years have you been refused admission to practice, disbarred, suspended from practice, reprimanded, sanctioned (in any amount over \$2,000) or disciplined by any court or administrative agency?
YES **NO**

Do you know of any circumstances, acts, errors or omissions that might give rise to a professional liability claim against you? **YES** **NO**

Do you serve as a director, officer, trustee or partner of, or fiduciary of any organization, which is also a client of our firm, or any client you propose to bring with you? **YES** **NO**

Do you provide investment advisory services or have discretionary investment authority, including but not limited to power of attorney, over the funds of any client our firm or any client you propose to bring with you? **YES** **NO**

Do you own, in whole or in part, operate or engage in, any business enterprise whose business activities are outside the practice of law? **YES** **NO**

Do you own in whole or in part any business enterprise which is a present or former client of yours or of our firm? **YES** **NO**

Are you currently in compliance with the State Bar of California requirements for continuing legal education? **YES** **NO**

Are you a Professional Corporation? **YES** **NO**

Client References:

1. Name: _____
Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

2. Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

3. Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

Professional References:

1. Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

2. Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

3. Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Contact After: _____

I hereby authorize [FIRM] to investigate my background and qualifications for purposes of evaluating my qualifications. I understand that [FIRM] may utilize an outside firm or firms to assist it in checking such information, and I will be asked to sign authorizations for those firms as well.

Signature

Date

Print Name