Student Conflict Disclosure Form

_____ _____
Student Name **Date**

During your time as a member of the UDC Law Clinical Program ("Clinic"), you have an affirmative and ongoing obligation to disclose past (three years) or current affiliations (including, but not limited to, board service, internships, externships, volunteer work and other paid work) with any government agency, legal or public policy organizations or law firms. Additionally, you must also report any future/planned known professional affiliations including internships, externships, or unpaid and paid employment. If any of your answers change after submitting this form, you must notify your Clinic Professor and the Managing Attorney of the Clinic right away.

It violates Federal and/or D.C. law for certain current or former government employees to represent clients against the government. That means that you could face criminal penalties for doing so during your time in the clinic. Additionally, representing a client when there is a conflict of interest is a violation of the Rules of Professional Conduct. That means that you and our clinic law firm could commit an ethical violation by doing so. Please complete this form fully and completely to ensure you are complying with applicable law, to protect our clinic law firm practice against conflicts of interest, and, ultimately, to protect your professional standing and reputation.

CURRENT AFFILIATIONS

At this time, I report the following *current affiliations* with government, legal or public policy organizations, non-profits or law firms (including, but not limited to, board service, internships, externships, volunteer or other paid work):

Organization/Firm/Agency	
Your role:	
Dates:	☐ ☐

Please briefly describe the matters you are/were involved in with this organization/firm.

Organization/Firm/Agency	
Your role:	
Dates:	
Please briefly describe the matters you are/were involved in with this organization/firm.	

* Please add additional pages with the required information as needed.

PAST AFFILIATIONS

At this time, I report the following *past affiliations* (the last three years) with government, legal or public policy organizations, non-profits or law firms (including, but not limited to, board service, internships, externships, volunteer or other paid work):

Organization/Firm/Agency	
Your role:	
Dates:	■ ■
Please briefly describe the matters you are/were involved in with this organization/firm.	

Organization/Firm/Agency	
Your role:	
Dates:	■ ■

Please briefly describe the matters you are/were involved in with this organization/firm.

Organization/Firm/Agency	
Your role:	
Dates:	
Please briefly describe the matters you are/were involved in with this organization/firm.	

* Please add additional pages with the required information as needed.

FUTURE/PLANNED KNOWN PROFESSIONAL AFFILIATIONS

At this time, I report the following *future/planned known professional affiliations* with government, legal or public policy organizations, non-profits or law firms (including, but not limited to, board service, internships, externships, volunteer or other paid work). This includes all outstanding

applications submitted to any government, legal or public policy organizations, non-profits or law firms :

Organization/Firm/Agency	
Your role:	
Dates:	☐ ☐
Please briefly describe the matters you are/were involved in with this organization/firm.	

Organization/Firm/Agency	
Your role:	
Dates:	☐ ☐

Please briefly describe the matters you are/were involved in with this organization/firm.

* Please add additional pages with the required information as needed.

POTENTIAL IMPUTED CONFLICT /APPEARANCE OF CONFLICT

This section seeks information about any personal relationships you have that may give rise to a conflict of interest for one of the clinic clients, i.e. if your close relative or partner is in the legal or policy worlds, working on the similar issues that may arise in Clinic, or if you are closely related to a judicial officer or legislator that is involved in relevant work to the Clinic.

Name: _____ Relationship: _____
Position: _____

Name: _____ Relationship: _____
Position: _____

ANY ADDITIONAL INFORMATION

This section seeks any information that may be relevant to actual or perceived conflicts of interests to UDC Law Clinic work or projects. If you have any doubts, you should err on the side of disclosure to assist the clinical program to discern any other possible ethical concerns that may need addressed.

I hereby certify that the information provided above is true and accurate to the best of my knowledge and belief and acknowledge I must immediately update this information both with my clinic professor and the Clinic Managing Attorney with any new affiliations.

_____	_____	_____
Print Name	**Signature**	**Date**