

[Date]

[Client Name]
[Client Address]
[City, State, Zip]

Re: Conflict of Interest Waiver - Ethical Screening of [Attorney Name]

Dear [Client Name],

This letter is to request your informed consent regarding a potential conflict of interest. Our firm has recently hired [Attorney Name], who previously served as counsel for [Government Agency Name].

While employed at [Government Agency Name], [Attorney Name] participated personally and substantially in [Description of Matter/Case]. As you are aware, our firm currently represents you in this same matter. Under Rule 1.11 of the Rules of Professional Conduct, this creates a conflict of interest.

To address this conflict and protect your interests, our firm has implemented the following ethical screening measures:

- [Attorney Name] will be completely disqualified from any participation in this matter.
- [Attorney Name] will not be granted access to any physical or electronic files related to this matter.
- No member of the legal team working on your case will discuss the matter in the presence of [Attorney Name].
- [Attorney Name] will receive no portion of the fees generated from this specific representation.

We believe these measures ensure that your confidential information remains protected and that our representation of your interests remains unimpaired. [Government Agency Name] has been notified of this screen in accordance with ethical requirements.

By signing below, you acknowledge that you have been informed of the nature of the conflict and the screening procedures in place, and you waive the conflict to allow our firm to continue representing you.

Sincerely,

[Your Name]
[Firm Name]

CONSENT AND WAIVER

I, [Client Name], have read the above disclosure and understand the conflict of interest regarding [Attorney Name]. I hereby consent to the firm's continued representation and waive the conflict based on the screening measures described above.

Signature: _____ Date: _____