**CHSPSC, LLC – NEW MATTER FORM**

***TO BE COMPLETED BY CHSPSC ATTORNEY:***

|  |  |
| --- | --- |
| Matter Name: |  |
| CHSPSC Attorney: |  |
| CHSPSC Practice Group: | Choose an item. |
| CHSPSC Matter Type: | Choose an item. |
| Date Opened: | Click or tap to enter a date. |
| Facility(ies): |  |
| City(ies): |  |
| State(s): |  |
| Cost Center Code: |  |
| GL Code (if different from Default Code 13810 620010): |  |
| Additional Information: |  |

**Matter Description / Scope of Work:**

|  |
| --- |
|  |

**Case Management:**

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| No more than \_\_\_\_ attorney(ies) should attend depositions, settlement conferences, witness interviews, witness preparation, motion hearings, teleconferences, etc. without prior approval by CHSPSC. Absent extraordinary circumstances, we will not approve the attendance of more than two attorneys at any deposition, conference, interview or hearing, and we will not pay for it.  *If this section is left blank, default guideline of one (1) attorney will govern.* |

***TO BE COMPLETED BY LAW FIRM:***

|  |  |
| --- | --- |
| Law Firm Name: |  |
| Responsible Partner: |  |
| Law Firm Matter #: |  |

**Do Special or Matter-Specific Rates apply for this Matter?**

Yes  No

If yes, identify special rates in the following section. If no, identify current approved rate.

**Approved Personnel for the Matter**:

(Please include email, phone number, and hourly rates for individuals currently working on this CHSPSC matter.)

**Attorneys**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **E-mail Address** | **Phone Number** | **Hourly Rate** | **Years of Experience** |
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**Paralegals and Support Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **E-mail Address** | **Phone Number** | **Hourly Rate** | **Years of Experience** |
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**Additional Personnel for the Matter**:

(Please include new time keepers that have not been previously approved. If there are no new or unapproved time keepers billing to this matter, leave section blank. Please note, new time keepers and rates are subject to approval by CHSPSC, LLC.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Unique TK Identifier** | **Position** | **E-mail Address** | **Phone Number** | **Hourly Rate** | **TK’s**  **Street Address** | **Years of Experience** |
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| Fee Structure: Hourly or Flat Fee |  |
| Initial Estimate of Total Cost of Case: |  |

**Conflicts of Interest:**

By signing below, you are certifying for yourself and your firm that there are no actual or potential conflicts of interest in accepting this engagement for this matter and that you will comply with the CHSPSC, LLC Outside Counsel Guidelines for this matter.

**Law Firm Attorney**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)