NALSC®
Universal Lateral Partner Questionnaire (U-LPQ™)
March 2023

Part 1 of 2

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| --- | --- |
| Candidate Name |  |
| Date |  |
| Search Firm  |  |
| Recruiter email and Phone |  |
| Is Search Firm a member of NALSC? | [ ] Yes [ ] No |

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1. **Personal & Practice Information**

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
| Mobile Phone |  |
| Personal Email |  |
| Preferred Method of Contact |  |
| Primary Practice Area |  |
| Summary of Practice  |  |
| Do you have a current resume containing all your legal jobs? | [ ] Yes [ ] No |
| Office of interest (city) |  |

1. **Education**

|  |  |  |
| --- | --- | --- |
|  | Name of Institution | Year of Graduation/Degree |
| Law School |  |  |
| Undergraduate |  |  |
| Additional |  |  |
| Additional |  |  |

1. **Clerkships (if applicable)**

|  |  |  |
| --- | --- | --- |
| Court/Judge | Position  | Dates |
|  |  |  |
|  |  |  |

1. **Bar Admissions**

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| --- | --- | --- |
| State/Jurisdiction | License Number (can be completed later) | Year of Admission |
|  |  |  |
|  |  |  |
| Are you a member in good standing of all federal and state bars to which you are admitted? |
| [ ] Yes [ ] NoIf No, please explain:  |

1. **Legal Employment History**

**please list all employment since graduating law school, even if for a short period of time. (copy and paste tables for additional employers.)**

|  |  |
| --- | --- |
| **Current Employer** |  |
| Location |  |
| Title/Position (if partner, specify non-equity or equity and the dates of each) |  |
| Dates (Month/Year) to (Month/Year or Current) |  |
| Reason for Considering a MoveIs your departure entirely voluntary? |  |

|  |  |
| --- | --- |
| **Prior Employer** |  |
| Location |  |
| Title/Position (if partner, specify non-equity or equity and the dates of each) |  |
| Dates (month/year) to (month/year or current) |  |
| Reason for move |  |
| Was your departure entirely voluntary? |  |

|  |  |
| --- | --- |
| **Prior Employer** |  |
| Location |  |
| Title/Position (if partner, specify non-equity or equity and the dates of each) |  |
| Dates (month/year) to (month/year or current) |  |
| Reason for move |  |
| Was your departure entirely voluntary? |  |

1. **Professional Organizations**

**(associations based on racE, religion, ethnicity, Gender or sexual orientation are optional.)**

|  |  |  |
| --- | --- | --- |
| Professional or Industry Organizations | Leadership Position? If so, please explain. | Dates of Leadership Position(s) |
|  |  |  |
|  |  |  |

**7. FINANCIAL INFORMATION /COMPENSATION**

**Note: All disclosures must comply with all applicable bar, confidentiality, and ethical obligations. Please DO NOT share information, ledgers, or schedules directly from a firm accounting system or other proprietary data).**Due to salary ban laws, we have not included questions that may violate any or all laws or regulations relating to same.

Do you receive a W2 or a K1 at your current firm? [ ] W2 [ ] K1 [ ]  Other

Did you receive a W-2 or K-1 in the last tax year? [ ] Yes [ ] No

Are you subject to a notice period or restriction(s) on ability to provide services (i.e., non-solicitation or non-compete provision) at your current firm? [ ] Yes [ ] No

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| If yes, identify the type of provision(s) and the length of each applicable provision: |
|  |

Is your firm on a calendar or fiscal year?

[ ] Calendar Year [ ] Fiscal Year (if Fiscal, please provide months/dates):

1. **Billing Rates**

|  |  |  |
| --- | --- | --- |
| Year | Range of your billing rate  | Effective Rate |
| Current Year  | $ |  |
| Last Year | $ |  |
| Two Years Ago | $ |  |

\*Effective is defined as the average rate billed to clients, after any discounts.

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| Do you have any alternative fee arrangements with any of your clients and, if so, please explain.  |
|  |
| What are the ranges of billing rates for members of your team or other attorneys or billing staff who regularly support your practice (please list title, approx. year level, and billing rate ranges, and whether ranges are standard or effective) |
| Generic Description of team Member (title, year level)  | Billing Rate Range | Are These Billing Rates Standard (rack rate) or Effective (billed rate after discounts)? |
| Fill in | $ |  |
| Fill in | $ |  |
| Fill In | $ |  |
| Fill In | $ |  |
| Fill In | $ |  |
| Add rows as needed |  |  |
| Additional comments or context regarding billing rates?  |
|  |

1. **Overall Billings, Collections, Etc.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YTD (\_\_\_\_ to \_\_\_\_) (months)** | **Last Year** | **Two Years Ago** |
| Billable hours (Your own hours) |  |  |  |
| Realization rate\* (%) – what percentage of your billed time is collected |  |  |  |
| Roughly what percentage of your own billable hours come from work you originated\*\*?  |  |  |  |
| Non-billable hours (including firm investment, community service, marketing, and pro bono matters) |  |  |  |
| Total collections ($) from work you originated\*\* (including collections from yourself and others working for these clients)\* |  |  |  |
| What percentage of your total collections from work you originated come from work within your practice area? |  |  |  |

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| Please provide any additional information or context that would be helpful for us in understanding the extent of your contributions (financial or otherwise) that may not be captured by the above questions.  |
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| \*Please explain how your firm defines realization rate  |
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| \*\*Please explain how your firm defines origination credit.  |
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| Does your firm double or triple count for purposes of origination (e.g., can multiple partners each claim 100% credit for the same work)?  |
| [ ] Yes [ ] NoIf Yes, please explain:  |

1. **Business Projections**

Total estimated projected revenue\* in your new firm for the remainder of this year and the next two years’ originations (Note: there is a client-by-client breakdown on the accompanying excel spreadsheet (see “Portable Clients” tab, which you can also use to compute the below totals)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Minimum**  | **Realistic**  | **Optimistic**  |
| Remainder of Current Year (months \_\_\_ to \_\_\_) |  |  |  |
| 1st twelve-month period at new firm |  |  |  |
| 2nd twelve-month period at new firm |  |  |  |
| \*Defined as total amount of collections you would generate from work you originate, with the understanding this will be discussed in more detail beyond this document. If projected revenue depends on certain factors (e.g., certain expertise at the new firm, absence of conflicts, etc.), or other information is necessary to understand the above projections, please provide more context below: |
|  |

**8. Practice Support, Marketing, etc.**

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| Describe the type of support you will need to effectively transition and maintain your practice.please describe the title and level (e.g., Junior Partner, Counsel, Senior Associate, Mid-level Associate, Junior Associate). Please also describe any additional non-lawyer staff. |
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| How much marketing budget would you need, on an annual basis, to sustain and build your practice if you were to join a new firm? is there necessary travel for business development, participation in professional activities, and/or domestic or international conferences that require budgeting? Please provide any details that would be useful in this regard.  |
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| If you intend to bring any intellectual property matters, please describe the types of matters in detail including whether new firm will have to docket and calendar due dates as necessary. |
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| Will you require any additional specialized research materials/online resources essential to your practice area?  |
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| Do your Clients’ applicable Outside Counsel Guidelines contain any unusual restrictions or arrangements that are broader than our common law requirements, conflicts rules, billing requirements, etc.?  |
| [ ] Yes [ ] NoIf yes, please describe: |

1. **Due Diligence**

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| Have you been involved in any significant fee disputes, mediation, litigation or arbitration with any clients in the past seven years  |
| [ ] Yes [ ] NoIf yes, please describe: |

1. **Non-client Potential Conflicts**

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| --- |
| List all organizations, entities or individuals (including, but not limited to, any private, public, or governmental organizations or entities) where you serve, or have served as an officer, director, partner, trustee, executor, commission member, task force member, department member, conservator, guardian or any other member- either in a fiduciary capacity, attorney capacity or a non-attorney capacity- in the last Five years |
| **Organization, Entity or Individual** | **Position/Title/Relationship** | **Type of Business** |
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| Do you have any investment authority for any organizations, entities, or individuals?  |
| [ ] Yes [ ] NoIf yes, please describe: |

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| have you engaged, in the past seven years, in any business transactions with a client where you have had a financial interest?  |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Do you have any ownership interest in any client (either now or at any point over the past seven years)?  |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Do you provide non-legal or business professional services to any clients (either now or at any point over the past seven years)? |
| [ ] Yes [ ] NoIf yes, please describe: |
| Are you related, in any way, to a judge, judge’s spouse or court personnel? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| --- |
| Are any of your family members associated with, or related to, any of your clients? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Do you have any non-clients that may present a conflict to joining a new firm? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Have you ever been a party in any past or pending administrative proceeding, arbitration, civil or non-criminal court action exclusive of routine and minor non-substance use related motor vehicle offenses? |
| [ ] Yes [ ] NoIf yes, please describe: |
| Have you ever been the subject of a legal malpractice claim, breach of trust claim, employment discrimination claim, employee discrimination grievance, employee discrimination investigation (including harassment or retaliation)? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Have you ever been the subject of an investigation, grievance, or complaint with any state or federal bar or otherwise subjected to any discipline by a state or federal bar? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Have you ever been the subject of court-ordered sanctions or similar court-ordered action? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Have you ever been investigated by any state or federal government or agency? |
| [ ] Yes [ ] NoIf yes, please describe: |

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| Have you filed complete and accurate federal, state, and local tax returns for all prior years? |
| [ ] Yes [ ] No |

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| Are you currently engaged in a bankruptcy proceeding? |
| [ ] Yes [ ] No |

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| Are you being represented by a search firm? |
| [ ] Yes [ ] NoIf yes, please provide search firm company, principal contact name, email, and phone number: |

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| If there is mutual interest in your candidacy and at the appropriate time, can you provide references from your top clients as well as references from your current firm and any prior firms? |
| [ ] Yes [ ] No |

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| Is there anything not covered by this form that could reasonably be expected to affect a new firm’s partners’ views on your candidacy for admission to a new firm’s partnership? Is there anything not covered by this form that could potentially embarrass a new firm if it were made public or negatively affect your candidacy in any way? |
| [ ] Yes [ ] NoIf yes, please describe. Alternatively, note if you prefer to discuss in person. |

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| Is there anything else you would like to share that could otherwise be relevant to the process of considering you to become a lawyer at a new firm not otherwise disclosed in this form? |
| [ ] Yes [ ] NoIf yes, please describe: |

**CERTIFICATION**

**I certify and warrant that all of the information in this document and the attached Excel spreadsheet represents my current practice and best expectations and is accurate and complete.**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You may digitally sign this document by typing “/[Your Name]/” in the above signature line. Ex. /Sally Smith/**