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| **Date** | **Caseworker’s Name** | **Case #** | **Client Name** | **Explanation of Conflict/ Action taken to Discontinue Legal Representation** |
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**Use of Conflict Attorney CEDSS/CWS/22-003**

**Legal Services for Cecil County Department of Social Services Attachment C**

**Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Number of Conflict Cases This Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**