Client Screening Checklist

Client Name: ______________________ Business Name: ______________________

Date of Initial Contact: ______________________ Date of Engagement Letter (or Non-engagement): ______________

Screening Checklist	Comments
What is the scope of the duties the client will need?	______________________
What are the client's expectations?	______________________
Is the matter within our primary area(s) of practice?	______________________
Is the project too large? Do we have the time and resources?	______________________
Has the client shown himself/herself to be dishonest or to lack integrity?	______________________
Has the client retained a prior accountant in the same matter? If so, how and why did the previous accountant-client relationship terminate?	______________________
Visit potential client's business premises to determine the conditions of its management, finances and internal controls.	______________________
Conduct background check. Check references, credit history and rating, financial stability, quality of management, competency of personnel.	______________________
Is the firm free of conflict of interest?	Date conflict check completed: __________
If a conflict of interest does exist, has it been dealt with? How?	______________________

Post-screening Decision	Comments
☐ Accepted—sent the client an engagement letter to sign and return setting forth the scope of the retention and the fee agreement.	______________________
☐ Referred—sent the client a non-engagement letter.	______________________
☐ Declined—verbally notified and sent a non-engagement letter that clearly and unequivocally informed the client we are not representing him/her.	______________________

Prepared by: ______________________ Date: ______________

Reviewed by: ______________________ Date: ______________