APPENDIX Q

LAW OFFICE LIST OF CONTACTS

Important note: In order to ensure access to this list in case of an emergency, a current copy of this list should be kept off site, e.g. in case the copy at the law firm is destroyed, and should probably be provided to the attorney's spouse or other appropriate person(s).

ATTORNEY NAME: Social Security#:

FIRM NAME:

OCA Registration #: Federal Employer ID#: CAF #:

Date of Birth:

Office Address:

Office Phone:

Office Box:

Home Address:

Home Phone:

Cell Phone:

SPOUSE:
Name:

Work Phone:

Cell Phone:

Employer:

FORMER EMPLOYER WITHIN PREVIOUS FIVE YEARS
Name:

Office Address:

Office Phone:

OFFICE MANAGER:
Name:

Home Address:

Home Phone:

Cell Phone:

COMPUTER AND TELEPHONE PASSWORDS:
(Name of person who knows passwords or location where passwords are stored, such as a safe deposit box)
Name:

Home Address:

Home Phone:

Work Phone:

Cell Phone:

SECRETARY:
Name:

Home Address:

Home Phone:

Cell Phone:

BOOKKEEPER:
Name:

Home Address:

Home Phone:

Cell Phone:

LEGAL ASSISTANT:
Name:

Home Address:

Home Phone:

Cell Phone:

LANDLORD:
Name:

Address:

Phone:

LOCATION OF OFFICE LEASE:

DATE LEASE EXPIRES:

NAMED EXECUTOR:
Name:

Address:

Phone:

ATTORNEY FOR SPECIAL MATTERS:
Name:

Office Address:

Office Phone:

ACCOUNTANT:
Name:

Office Address:

Office Phone:

ATTORNEY ENGAGED TO CLOSE PRACTICE:
Name:

Office Address:

Office Phone:

Location of Agreement Engaging Attorney to Close Practice:

ATTORNEYS TO ASSIST WITH PRACTICE CLOSURE (if none appointed):

First Choice:

Office Address:

Office Phone:

Second Choice:

Office Address:

Office Phone:

Third Choice:

Office Address:

Office Phone:

LOCATION OF WILL AND/OR TRUST:
Access Will and/or Trust by Contacting:

Address:

Phone:

PROCESS SERVICE COMPANY:
Name:

Address:

Phone:

Fax:

Contact:

OFFICE-SHARER OR "OF COUNSEL":
Name:

Address:

Office Phone:

OFFICE-SHARER OR "OF COUNSEL":
Name:

Address:

Office Phone:

Cell Phone:

OFFICE PROPERTY/LIABILITY COVERAGE:
Insurer:

Address:

Phone:

Fax:

Policy No.:

Broker or other contact person:

LEGAL MALPRACTICE COVERAGE:
Insurer:

Address:

Phone:

Fax:

Policy No.:

Broker or other contact person:

HEALTH INSURANCE:
Insurer Name:

Address:

Phone:

Fax:

Policy No.:

Persons Covered:

Contact Person:

DISABILITY INSURANCE:
Insurer Name:

Address:

Phone:

Fax:

Policy No.:

Broker or other contact person:

LIFE INSURANCE:
Insurer Name:

Address:

Phone:

Fax:

Policy No.:

Broker or other contact person:

WORKERS' COMPENSATION INSURANCE:
Insurer Name:

Address:

Phone:

Fax:

Policy No.:

Contact Person:

OTHER INSURANCE:
Insurer Name:

Address:

Phone:

Policy No.:

Fax:

Broker or other contact person:

PENSION:
Administrator:

Address:

Phone:

Institution:

Address:

Phone:

Account #:

STORAGE LOCATION:
Storage Company for Location: Locker or Room #:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Items Stored:

SAFE DEPOSIT BOXES (BUSINESS):
Institution:

Address:

Phone:

Fax:

Obtain Key From:

Address:

Contact Person:

SAFE DEPOSIT BOXES (PERSONAL):
Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Contact Person:

LEASES:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

Item Leased:

Lessor:

Address:

Phone:

Expiration Date:

LAWYER TRUST ACCOUNT:
IOLA:

Institution:

Address:

Phone:

Account Number:

Other Signatory:

Address:

Phone:

OTHER CLIENT ACCOUNTS:
Name of Client:

Institution:

Address:

Phone:

Account Number:

Other Signatory:

Address:

Phone:

GENERAL OPERATING ACCOUNT:
Institution:

Address:

Phone:

Account Number:

GENERAL OPERATING ACCOUNT:
Other Signatory:

Address:

Phone:

OTHER ATTORNEY ACCOUNTS:
Institution:

Address:

Phone:

Account Number:

Other Signatory:

Address:

Phone:

BUSINESS CREDIT CARDS:

Institution:

Address:

Phone:

Account Number:

Other Signatory:

Address:

Phone:

Institution:

Address:

Phone:

Account Number:

Other Signatory:

Address:

Phone:

MAINTENANCE CONTRACTS:

Item Covered:

Vendor Name:

Address:

Phone:

Expiration:

Item Covered:

Vendor Name:

Address:

Phone:

Expiration:

Item Covered:

Vendor Name:

Address:

Phone:

Expiration:

OTHER IMPORTANT CONTACTS:

Name:

Address:

Phone:

Reason for Contact:

Name:

Address:

Phone:

Reason for Contact:

Name:

Address:

Phone:

Reason for Contact:

PROFESSIONAL MEMBERSHIP ORGANIZATIONS:
Name:

Address:

ID #:

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES, JURISDICTIONS, AND BEFORE THE FOLLOWING COURTS:

State of:

Bar Address:

Phone:

Bar ID #:

State of:

Bar Address:

Phone:

Bar ID #:

State of:

Bar Address:

Phone:

Bar ID #:

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