

LAW OFFICE LIST OF CONTACTS

ATTORNEY NAME: _____ Social Security #: _____

CSB #: _____ Federal Employer ID #: _____ State Tax ID #: _____

Date of Birth: _____

Office Address: _____

Office Phone: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

SPOUSE/PARTNER:

Name: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

OFFICE MANAGER:

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

PASSWORDS (FOR COMPUTER SYSTEM, SOFTWARE PROGRAMS, MOBILE DEVICES, WEBSITES, CLOUD-BASED ACCOUNTS, eFILING, VOICEMAIL, OTHER):

[Create a list in this document or a separate document attached to this list, or separate storage location (e.g., password manager software, safe deposit box)]

LAW OFFICE LIST OF CONTACTS

POST OFFICE OR OTHER MAIL SERVICE BOX:

Location: _____

Box No.: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

LEGAL ASSISTANT/SECRETARY:

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

BOOKKEEPER:

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

LANDLORD:

Name: _____

Address: _____

Phone: _____

LAW OFFICE LIST OF CONTACTS

PERSONAL REPRESENTATIVE:

Name: _____

Address: _____

Phone: _____

ATTORNEY:

Name: _____

Address: _____

Phone: _____

ACCOUNTANT:

Name: _____

Address: _____

Phone: _____

ATTORNEY(S) TO HELP WITH PRACTICE CLOSURE:

First Choice: _____

Address: _____

Phone: _____

Second Choice: _____

Address: _____

Phone: _____

Third Choice: _____

Address: _____

Phone: _____

LAW OFFICE LIST OF CONTACTS

LOCATION OF WILL AND/OR TRUST:

Access Will and/or Trust

by Contacting: _____

Address: _____

Phone: _____

PROFESSIONAL CORPORATIONS:

Corporate Name: _____

Date Incorporated: _____

Location of Corporate

Minute Book: _____

Location of Corporate

Seal: _____

Location of Corporate

Stock Certificate: _____

Location of Corporate

Tax Returns: _____

Fiscal Year-End

Date: _____

Corporate Attorney: _____

Address: _____

Phone: _____

PROCESS SERVICE COMPANY:

Name: _____

Address: _____

Phone: _____

Contact: _____

LAW OFFICE LIST OF CONTACTS

OFFICE-SHARER OR OF COUNSEL:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

OFFICE PROPERTY/LIABILITY COVERAGE:

Insurer: _____

Address: _____

Phone: _____

Policy No.: _____

Contact Person: _____

OTHER IMPORTANT CONTACTS:

Name: _____

Address: _____

Phone: _____

Reason for Contact: _____

Name: _____

Address: _____

Phone: _____

Reason for Contact: _____

LAW OFFICE LIST OF CONTACTS

Name: _____
Address: _____

Phone: _____
Reason for Contact: _____

GENERAL LIABILITY COVERAGE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

LEGAL MALPRACTICE—PRIMARY COVERAGE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

LEGAL MALPRACTICE—EXCESS COVERAGE:

Insurer: _____
Address: _____

Phone: _____
Policy No.: _____
Contact Person: _____

VALUABLE PAPERS COVERAGE:

Insurer: _____
Address: _____

LAW OFFICE LIST OF CONTACTS

Phone:

Policy No.:

Contact Person:

OFFICE OVERHEAD/DISABILITY INSURANCE:

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

HEALTH INSURANCE:

Insurer:

Address:

Phone:

Policy No.:

Persons Covered:

Contact Person:

DISABILITY INSURANCE:

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

LIFE INSURANCE:

Insurer:

Address:

LAW OFFICE LIST OF CONTACTS

Phone:

Policy No.:

Contact Person:

WORKERS' COMPENSATION INSURANCE:

Insurer:

Address:

Phone:

Policy No.:

Contact Person:

CLIENT FILE LOCATIONS (e.g., computer, backup hard drive, cloud-based storage)

STORAGE LOCKER LOCATION:

Storage Company:

Locker No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Items Stored:

Where Inventory of Files Can Be Found:

LAW OFFICE LIST OF CONTACTS

SAFE DEPOSIT BOXES:

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

Items Stored: _____

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

Items Stored: _____

LAW OFFICE LIST OF CONTACTS

Institution: _____

Box No.: _____

Address: _____

Phone: _____

Obtain Key From: _____

Address: _____

Phone: _____

Other Signatory: _____

Address: _____

Phone: _____

Items Stored: _____

LEASES:

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

LAW OFFICE LIST OF CONTACTS

Address: _____

Phone: _____

Expiration Date: _____

Item Leased: _____

Lessor: _____

Address: _____

Phone: _____

Expiration Date: _____

LAWYER TRUST ACCOUNT:

IOLTA: _____

Institution: _____

Address: _____

Phone: _____

INDIVIDUAL TRUST ACCOUNT:

Name of Client: _____

Institution: _____

Address: _____

Phone: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

LAW OFFICE LIST OF CONTACTS

GENERAL OPERATING ACCOUNT:

Institution: _____

Address: _____

Phone: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

GENERAL SAVINGS ACCOUNT:

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

LAW OFFICE LIST OF CONTACTS

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

BUSINESS CREDIT CARD:

Institution: _____

Address: _____

Phone: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

Institution: _____

Address: _____

Phone: _____

Account No.: _____

Other Signatory: _____

Address: _____

Phone: _____

LAW OFFICE LIST OF CONTACTS

MAINTENANCE CONTRACTS:

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Expiration: _____

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Expiration: _____

Item Covered: _____

Vendor: _____

Address: _____

Phone: _____

Expiration: _____

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATE(S):

State of: _____

Bar Address: _____

Phone: _____

Bar ID No.: _____

State of: _____

Bar Address: _____

Phone: _____

Bar ID No.: _____

LAW OFFICE LIST OF CONTACTS

IMPORTANT NOTICE

The State Bar of California thanks Practice 2.0, State Bar of Arizona for allowing us to reprint and adapt this practice aid and for allowing California lawyers to use and conform its contents for the operations of their firms.