

# Law Office List of Contacts

**ATTORNEY NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
State Bar ID #: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address(es): \_\_\_\_\_

**SPOUSE/CLOSEST FAMILY MEMBER:**

Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OFFICE MANAGER:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**COMPUTER & 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: \_\_\_\_\_

**POST OFFICE OR OTHER MAIL SERVICE:**

Location: \_\_\_\_\_ Box #: \_\_\_\_\_  
Obtain Key From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**SECRETARY:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**BOOKKEEPER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**LANDLORD:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**PERSONAL REPRESENTATIVE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ATTORNEY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ACCOUNTANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ATTORNEYS TO HELP WITH PRACTICE CLOSURE:**

First Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**LOCATION OF WILL AND/OR TRUST:**

Access Will and/or Trust by Contacting: \_\_\_\_\_

Address: \_\_\_\_\_

**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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_

Contact Person: \_\_\_\_\_

**OFFICE-SHARER OR "OF COUNSEL":**

Name : \_\_\_\_\_

Address: \_\_\_\_\_

**OFFICE-SHARER OR "OF COUNSEL":**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**OFFICE PROPERTY/LIABILITY COVERAGE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**OTHER IMPORTANT CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

**GENERAL LIABILITY COVERAGE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**LEGAL MALPRACTICE/PRIMARY COVERAGE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**LEGAL MALPRACTICE/EXCESS COVERAGE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**VALUABLE PAPERS COVERAGE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**OFFICE OVERHEAD/DISABILITY INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**HEALTH INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**DISABILITY INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**LIFE INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**CYBER-LIABILITY INSURANCE:**

Insurer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**STORAGE LOCKER LOCATION:**

Storage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Items Stored: \_\_\_\_\_

**STORAGE LOCKER LOCATION:**

Storage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Items Stored: \_\_\_\_\_

**SAFE DEPOSIT BOX:**

Institution: \_\_\_\_\_ Box #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Items Stored: \_\_\_\_\_

**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:**

IOLTA: \_\_\_\_\_ Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**INDIVIDUAL TRUST ACCOUNT:**

Name of Client: \_\_\_\_\_ Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**GENERAL OPERATING ACCOUNT:**

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**BUSINESS CREDIT CARD:**

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**BUSINESS CREDIT CARD:**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Account Number: \_\_\_\_\_

Other Signatory: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**MAINTENANCE CONTRACTS:**

Item Covered: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Item Covered: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Item Covered: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**COMPUTER DATA:**

Email Host: \_\_\_\_\_ Cloud Storage Host: \_\_\_\_\_

Website Host: \_\_\_\_\_ Location of External Hard Drive: \_\_\_\_\_

Social Media Identities: \_\_\_\_\_

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:**

State of: \_\_\_\_\_

Bar Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Bar ID #: \_\_\_\_\_

State of: \_\_\_\_\_

Bar Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Bar ID #: \_\_\_\_\_