



**** Attorneys Planning Kit ****

Date: _____

1. Personal Information

Your Name:

Your Spouse:

Work Address: _____

Home Address: _____

Phone (W)/(F): _____

Phone (H)/(C): _____

Email (W): _____

Email (H): _____

SSN: _____

Employer: _____

Information About Your Health

- a. What health problems do you currently have?
- b. What health problems have you had in the past?
- c. What prescription drugs are you taking?

Insurance (Health, Disability, Long-Term Care)

Type	Check if Yes
Individual/Group Health / Managed Care Plan	<input type="checkbox"/>
Traditional Medicare / Medicare Advantage Plan (e.g. Healthspring) / Medicare Supplemental Insurance	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Life	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>

Final Arrangements: prepaid funeral, burial plots, cremation? Yes No

Explain:

Estate Planning

Do you have any of the following documents?	
<u>Durable Power of Attorney</u> / Name & address of your Attorney-in-Fact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Health Care Power of Attorney</u> / Name & address of your Health Care Agent:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Will</u> / Name & address of your Personal Representative:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Revocable Living Trust</u> / Name & address of your Trustee/Successor Trustee:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important Personal Contacts

Relationship	Name	Address
Attorney		
CPA/Bookkeeper		
Financial Adviser		
Banker		
Insurance Agent		
Physician		

Location of your Important Papers:

2. Business Information

Important Business Contacts

Relationship	Name	Address
Law Partner		
Associates		
Office Manager		
Attorney		
CPA/Bookkeeper		
Financial Adviser		
Insurance Agent		
Lessor		
Lessee(s)		
Other		

Location of Important Information (Check the Box in the Second Column If *Not Applicable* or *None*)

Item		Location	Comments
Operating Account	<input type="checkbox"/>		Who has access?
IOLTA Account	<input type="checkbox"/>		Who has access?
Other Bank Accounts	<input type="checkbox"/>		Who has access?
Retirement Fund	<input type="checkbox"/>		
Credit Card	<input type="checkbox"/>		
Business Loan	<input type="checkbox"/>		
Accounts Payable	<input type="checkbox"/>		
Accounts Receivable	<input type="checkbox"/>		
Payroll	<input type="checkbox"/>		
Inventory List	<input type="checkbox"/>		
Tax Returns	<input type="checkbox"/>		
Maintenance Contracts	<input type="checkbox"/>		
Insurance			
Health	<input type="checkbox"/>		
Life	<input type="checkbox"/>		
Malpractice	<input type="checkbox"/>		
Workers' Comp	<input type="checkbox"/>		
Property/Liability	<input type="checkbox"/>		
Computer Passwords	<input type="checkbox"/>		
Software Passwords	<input type="checkbox"/>		
Website Passwords	<input type="checkbox"/>		
Computer Backups	<input type="checkbox"/>		
PO or other Mailboxes	<input type="checkbox"/>		Who has access?
Storage Locker	<input type="checkbox"/>		Who has access?
Safe Deposit Box	<input type="checkbox"/>		Who has access?

Professional, Business, and Civic Organizations

Relationship	Name	Comments (Bar Numbers, etc.)
Bar Admissions		
Bar Associations		
Business Groups		
Civic Groups		

Physical Location of your Important Papers:

Home:
Office

Notes:

Your Name: _____

3. Assisting Attorney

In the event of my death or my incapacity, I appoint _____ as my Assisting Attorney. If my primary Assisting Attorney is unable or unwilling to serve, I appoint _____ as my alternate Assisting Attorney. If an Assisting Attorney is unable or unwilling to serve, I authorize s/he to appoint a Successor Assisting Attorney. I authorize my Assisting Attorney:

1. To take control of all operating and client trust accounts, business assets, equipment, client directories, and premises that were used in the conduct of my practice;
2. To take control and review all client files of my practice, including documents and property in my possession or under my control belonging to any client;
3. To contact each client who can be reasonably ascertained and located to inform the client of my condition and of the appointment of an Assisting Attorney and discuss with the client various options for the selection of successor counsel;
4. In a case that is pending before any court or administrative body, to notify the appropriate court or administrative body and contact opposing counsel in the cases under my control and obtain additional time for new counsel to appear for the affected client;
5. To determine the liabilities of the practice and pay them from the assets of the practice; if the assets of the practice are insufficient to pay these obligations or for the expenses incurred by the Assisting Attorney to carry out the powers given pursuant to this part, the Assisting Attorney shall apply to my attorney-in-fact (AIF) or personal representative (PR) to obtain the additional funds that may be required; if the AIF/PR and the Assisting Attorney are unable to agree on the amount that is necessary for the Assisting Attorney to undertake the duties ordered pursuant herein, either party may apply to the court having jurisdiction over my estate for an order requesting funds from my estate;
6. To employ any person, including but not limited to my former employees, who may be necessary to assist the Assisting Attorney in the management, winding up, and disposal of the practice;
7. To create a plan for disposition of the practice to protect its value as an asset of my estate; and, subject to the approval of my AIF or PR, agree to the sale of the practice and its goodwill;
8. Subject to the approval of the AIF or PR of my estate, to reach agreements with successor counsel for division of fees for work in process on my active cases;
9. Subject to the prohibitions against soliciting cases, the Assisting Attorney may act as successor counsel for a client of mine.

I may be nominated as personal representative, guardian, conservator, agent or other fiduciary in one or more instruments executed by others. I may also hold the power to name successor fiduciaries in one or more such instruments. If I hold a power to name a successor, I hereby name my Assisting Attorney. If I have not been granted the express power to name a successor, then to the extent that I am able to do so I name my Assisting Attorney to serve as successor. If I have been appointed as guardian, conservator, or personal representative in any existing matter, I name my Assisting Attorney to serve as successor.

Your signature: _____ Date: _____

Assisting Attorney	Name	Address
Primary		
Alternate		

Location of Client/Case/Professional Information (Check the Box in the Second Column If *Not Applicable* or *None*)

Item	N/A	Location	Comments
Client List	<input type="checkbox"/>		
Current Cases List	<input type="checkbox"/>		
Current Case Files	<input type="checkbox"/>		
Closed Case Files	<input type="checkbox"/>		
Office Policy Manual	<input type="checkbox"/>		

My retention policy for closed files is:

My retention policy for original client documents (e.g. Wills, Trusts, Deeds):

- No, I do not retain them.
- Yes, I retain them. Identify which documents are retained, where they are located, and any arrangements that have been made to return them to the client:

Your Name: _____

4. 10 Essential Documents

1. Your Durable Power of Attorney or other appointment naming an Assisting Attorney to run your law practice
2. Assisting Attorney's contact information
3. Instructions for loved ones and the personal representation of your estate concerning your Assisting Attorney's duties in winding up your practice
4. List of current (open) cases
5. Instructions/rules for client file retention
6. List of passwords
7. List of law practice contacts (employees, clients, vendors, suppliers, memberships)
8. Copy of your bank's form for IOLTA access by Assisting Attorney
9. Letter for Assisting Attorney to notify clients of your death
10. Letter for Assisting Attorney to clients authorizing release of file to a successor attorney

You should attach the above documents to this Attorneys Planning Kit or give the location of each such document.

5. Notes, Comments, Explanation

Your Name: _____