ASSISTING ATTORNEY'S NOTIFICATION TO CLIENT OF AFFECTED ATTORNEY'S INABILITY TO REPRESENT CLIENT

| RE: | | |
|--|---|---|
| Dear: | | |
| legal matters. I am | , in closing his/her practice. Plea writing to you strictly for the purpos | e in the practice of law. I will be assisting ase know that I do not represent you in your e of notifying you of the closing of gements for you to retrieve your legal file |
| matters. We recomy your legal rights can your legal file for us your file to be released forward this author come to | mend that you retain the services of a be preserved. In order to complete se by your and your new attorney. I a used directly to you or to your new attrization to us and we will release the and piew attorney yourself. e arrangements to pick up your file, or It is imperative that yourd. | another attorney immediately so that all of a your legal matter(s), you will need a copy of am enclosing a written authorization for attorney. You or your new attorney can file as instructed. If you prefer, you can ick up a copy of your file so that you can or have your file transferred to your new you act promptly so that all of your legal ou need a closed file, you can contact me at |
| NAME | LOCATION | PHONE |
| After that time, you number. | ı can contact for your cle | osed files at the following address and phone |
| NAME | LOCATION | PHONE |
| include any outstar | ceive a final accounting from nding account balances that you owe funds remaining your client trust acco | |

| On behalf of | , I would like to thank you for giving him/her the | |
|---|--|--|
| opportunity to provide you with legal services. If you have any additional concerns or questions, | | |
| please feel free to contact me using the information provided herein above. | | |
| | Very truly yours, | |
| | Assisting Attorney's Name | |