## AFFECTED ATTORNEY'S NOTIFICATION TO CLIENT OF INTENT TO CLOSE LAW PRACTICE (On Affected Attorney's Own Letterhead)

| RE:  |  |  |   |
|--|--|--|---|
| Dear:  |  |  |   |
| As of, I will be closing m represent you.  | y law practice and t   | herefore will be una   | ble to continue to                                      |
| I recommend that you immed<br>can select any attorney you wish, or I<br>who practice in the area of law releva   | would be happy to  | provide you with a   | •   |
| It is imperative that when you your attorney, and that you pick up a send the file to your new attorney. The case will be protected and your other   | copy of your file on   | provide me with a way that time limitat                                | written authorization to                                |
| If you have an upcoming coutop of your file. You should review th  | -  | _  |   |
| I will maintain the closed file<br>that time, the file will be destroyed. Y<br>product. If you want the materials in<br>keeping in mind any time limitations a<br>with a signed authorization to allow y | You are entitled to t<br>the file, you must the file, you must to<br>applicable to your company. | he materials in the f<br>notify me in writing<br>ase. If you prefer, y | ile, except for my work within days, you may provide me |
| Within the next weeks my trust account and fees you curren the address and phone number listed or your new attorney can obtain a cop   | tly owe to me (if ap<br>on this letter until   | plicable). You will b  | e able to reach me at                                   |
| Name   | Address  |  | Phone   |
| I appreciate the opportunity of concerns please feel free to contact m   |  | rvices for you. If yo  | u have any questions or                                 |
|  | Very truly   | yours,   |   |
|  |  |  |   |

Attorney's Name