

KENTUCKY LAW OFFICE LIST OF CONTACTS

DATE COMPLETED: _____

ATTORNEY: _____ **SSN:** _____

KBA Bar # _____ **FEIN** _____ **State Tax ID#** _____

Date of Birth _____

Office Address _____

Office Phone _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____ **Email Address** _____

SPOUSE _____

Work Phone _____

Cell Phone _____

Fax _____

Email Address _____

Employer _____

ASSISTING ATTORNEY(S) TO HELP WITH PRACTICE CLOSURE

First Name _____

Address _____

Work Phone _____

Cell Phone _____

Email _____

Location of Agreement to Close Law Practice _____

Second Name _____

Address _____

Work Phone _____

Cell Phone _____

Email _____

Location of Agreement to Close Law Practice _____

IDENTITY OF PERSON WITH LOCATION OF WILL AND/OR TRUST

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

PERSONAL REPRESENTATIVE _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

OFFICE MANAGER _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

OFFICE-SHARER OR "OF COUNSEL"

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

IDENTITY OF PERSON WITH COMPUTER AND TELEPHONE PASSWORDS

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

POSTOFFICE OR OTHER MAIL SERVICE BOX

Location _____

Box Number _____

Obtain Key From _____

Address _____

Phone _____

Other Signatory _____

Address _____

Phone _____

SECRETARY _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

PARALEGAL _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

BOOKKEEPER/CPA _____

Office Address _____

Office Phone _____

Home Address _____

Home Phone _____

Cell Phone _____

Fax _____

Email Address _____

LANDLORD _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Location of Office Lease _____

Lease Expiration Date _____

PROFESSIONAL CORPORATION(S) _____

Date Incorporated _____

Location of Corporate Minute Book _____

Location of Corporate Stock Certificate _____

Location of Corporate Tax Returns _____

Fiscal Year-End Date _____

Corporate Attorney _____

OFFICE PROPERTY/LIABILITY COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

GENERAL LIABILITY COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

LEGAL MALPRACTICE – PRIMARY COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

LEGAL MALPRACTICE – EXCESS COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

VALUABLE PAPERS COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

OFFICE OVERHEAD COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

HEALTH INSURANCE COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

DISABILITY INSURANCE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

LIFE INSURANCE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

WORKERS' COMPENSATION COVERAGE

Insurer _____

Address _____

Phone _____

Cell Phone _____

Fax _____

Email Address _____

Policy No. _____

Contact Person _____

Location of Policy _____

PROCESS SERVER

Name _____

Address _____

Phone _____

Contact _____

Account Number _____

STORAGE LOCKER LOCATION

Storage Company _____

Locker No. _____

Address _____

Phone _____

Items Stored _____

Obtain Key From _____

Address _____

Phone _____

FILE STORAGE LOCATION

Storage Company _____

Account No. _____

Address _____

Phone _____

Items Stored _____

Person With Access _____

Address _____

Phone _____

SAFE DEPOSIT BOXES

Institution _____

Box No. _____

Address _____

Phone _____

Obtain Key From _____

Address _____

Phone _____

Other Signatory _____

Address _____

Phone _____

Items Stored _____

LEASES

Item Leased _____

Lessor _____

Address _____

Location of Lease Agreement _____

Expiration Date _____

Item Leased _____

Lessor _____

Address _____

Location of Lease Agreement _____

Expiration Date _____

Item Leased _____

Lessor _____

Address _____

Location of Lease Agreement _____

Expiration Date _____

LAWYER TRUST ACCOUNT (IOLTA)

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

INDIVIDUAL TRUST ACCOUNT

Client Name _____

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

GENERAL OPERATING ACCOUNT(S)

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

BUSINESS CREDIT CARDS

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

Institution _____

Address _____

Phone _____

Account Number _____

Other Signatory _____

Address _____

Phone _____

MAINTENANCE CONTRACTS

Item Covered _____

Vendor Name _____

Address _____

Phone _____

Item Covered _____

Vendor Name _____

Address _____

Phone _____

Item Covered _____

Vendor Name _____

Address _____

Phone _____

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES

State _____

Bar Address _____

Bar Phone _____

Bar ID # _____

State _____

Bar Address _____

Bar Phone _____

Bar ID # _____