## CONSENT TO CLOSE OFFICE

This Consent to Close Office (hereinafter “this Consent”) is entered into between

, hereinafter referred to as “Planning Attorney,” and

, hereinafter referred to as “Assisting Attorney,” and

, hereinafter referred to as “Authorized Signer.”

I, (*insert name of Planning Attorney*), authorize (*insert name of Assisting Attorney*), Assisting Attorney, and any attorney or agent acting on my behalf, to take all actions necessary to close my law practice upon my death, disability, impairment, or incapacity. These actions include, but are not limited to:

* Entering my office and using my equipment and supplies, as needed, to close my practice;
* Opening and processing my mail;
* Taking possession and control of all property comprising my law office, including client files and records;
* Examining client files and records of my law practice and obtaining information about any pending matters that may require attention;
* Notifying clients, potential clients, and others who appear to be clients that I have given this authorization and that it is in their best interest to obtain other legal counsel;
* Copying my files;
* Obtaining client consent to transfer files and client property to new attorneys;
* Transferring client files and property to clients or their new attorneys;
* Obtaining client consent to obtain extensions of time and contacting opposing counsel and courts/administrative agencies to obtain extensions of time;
* Applying for extensions of time pending employment of other counsel by my clients;
* Filing notices, motions, and pleadings on behalf of my clients when their interests must be immediately protected and other legal counsel has not yet been retained;
* Contacting all appropriate persons and entities who may be affected and informing them that I have given this authorization;
* Winding down the business affairs of my practice, including paying business expenses and collecting fees;
* Contacting my professional liability carrier concerning claims and potential claims.

I authorize (*insert name of Authorized Signer*), Authorized Signer, to sign checks on my trust accounts and provide an accounting to my clients of funds in trust.

My bank or financial institution may rely on the authorizations in this Consent, unless such bank or financial institution has actual knowledge that this Consent has been terminated or is no longer in effect.

For the purpose of this Consent, my death, disability, impairment, or incapacity shall be determined by evidence the Assisting Attorney deems reasonably reliable, including, but not limited to, communications with my family members or representative or a written opinion of one or more medical doctors duly licensed to practice medicine. Upon such evidence, the Assisting Attorney is relieved from any responsibility or liability for acting in good faith in carrying out the provisions of this Consent.

Assisting Attorney and Authorized Signer agree to preserve client confidences and secrets and the attorney client privilege of my clients and to make disclosure only to the extent reasonably necessary to carry out the purpose of this Consent. Assisting Attorney and Authorized Signer are appointed as my agents for purposes of preserving my clients’ confidences and secrets, the attorney-client privilege, and the work product privilege. This authorization does not waive any attorney-client privilege.

**(Delete one of the following paragraphs as appropriate:)**

Assisting Attorney represents me and acts as my attorney in closing my law practice. Assisting Attorney has permission to inform the Attorney Grievance Commission of Michigan of my errors or potential errors. Assisting Attorney has permission to inform my clients of any errors or potential errors and to instruct them to obtain independent legal advice. Assisting Attorney also has permission to inform my clients of any ethics violations committed by me.

**OR:**

Assisting Attorney does not represent me and is not acting as my attorney in closing my law practice. While fulfilling the obligations of this Consent, Assisting Attorney has permission to inform the Attorney Grievance Commission of Michigan of my errors or potential errors. Assisting Attorney may inform my clients of any errors or potential errors and instruct them to obtain independent legal advice. Assisting Attorney also has permission to inform my clients of any ethics violations committed by me.

Authorized Signer is not my attorney. Authorized Signer may inform my clients of any misappropriations in my trust account and instruct them to obtain independent legal advice or contact the State Bar of Michigan Client Protection Fund.

I, Planning Attorney, appoint Authorized Signer as signator, in substitution of my signature, on my lawyer trust account(s) upon my death, disability, impairment, or incapacity.

I understand that neither Authorized Signer nor Assisting Attorney will process, pay, or in any other way be responsible for payment of my personal bills.

I agree to indemnify Assisting Attorney and Authorized Signer against any claims, loss, or damage arising out of any act or omission by Assisting Attorney and Authorized Signer under this Consent, provided the actions or omissions of Assisting Attorney and Authorized Signer were in good faith and in a manner reasonably believed to be in my best interest. Assisting Attorney and Authorized Signer shall be responsible for all acts and omissions of gross negligence and willful misconduct.

Assisting Attorney and/or Authorized Signer may revoke this acceptance at any time, and each has the power to appoint a new assisting attorney or authorized signer in Assisting Attorney’s and/or Authorized Signer’s place. My authorization and consent to allow Assisting Attorney and Authorized Signer to perform these and other services necessary for the closure of my law office do not require Assisting Attorney and/or Authorized Signer to perform these services. If Assisting Attorney and/or Authorized Signer revokes this acceptance, Assisting Attorney and/or Authorized Signer must promptly notify me.

[Planning Attorney] [Date]

STATE OF MICHIGAN )

) ss.

County of )

This instrument was acknowledged before me on (date) by

(name(s) of person(s)).

(SEAL) NOTARY PUBLIC FOR MICHIGAN

My commission expires:

[Assisting Attorney] [Date]

STATE OF MICHIGAN )

) ss.

County of )

This instrument was acknowledged before me on (date) by

(name(s) of person(s)).

(SEAL) NOTARY PUBLIC FOR MICHIGAN

My commission expires:

[Authorized Signer] [Date]

STATE OF MICHIGAN )

) ss.

County of )

This instrument was acknowledged before me on (date) by

(name(s) of person(s)).

(SEAL) NOTARY PUBLIC FOR MICHIGAN

My commission expires: