## LAW OFFICE LIST OF CONTACTS

**(Sample – Modify as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ATTORNEY NAME:** |  | Social Security #: |  |
| State Bar P # |  | Federal Employer ID # |  |
| State Tax ID #: |  | Date of Birth: |  |

|  |  |
| --- | --- |
| Office Address: |  |
| Office Phone: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone |  |
|  |  |
| **SPOUSE/PARTNER:** |  |
| Name: |  |
| Cell Phone: |  |
| Employer: |  |
| Employer Address: |  |
| Work Phone: |  |
|  |  |
| **OFFICE MANAGER:** |  |
| Name: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
|  |  |
| **PASSWORDS (FOR COMPUTER SYSTEM. SOFTWARE PROGRAMS, WEB SITES, ONLINE DATA STORAGE, VOICEMAIL, OTHER):** |
| (Name of person who knows passwords or location where passwords are stored, such as a safe deposit box or password storage program or device.) |
| Name: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
|  |  |
| **POST OFFICE OR OTHER MAIL SERVICE BOX(S):**  |
| Location: |  |
| Box No.: |  |
| Obtain Key From: |  |
| Address: |  |
| Phone: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **LEGAL ASSISTANT/SECRETARY:**  |
| Name: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
|  |  |
| **BOOKKEEPER:**  |  |
| Name: |  |
| Home Address: |  |
| Home Phone: |  |
| Cell Phone: |  |
|  |  |
| **LANDLORD:**  |  |
| Name: |  |
| Address: |  |
| Phone: |  |
| Cell Phone: |  |
|  |  |
| **PERSONAL REPRESENTATIVE:**  |
| Name: |  |
| Address: |  |
| Phone: |  |
| Cell Phone: |  |
| Work Phone: |  |
|  |  |
| **ATTORNEY:** |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **ACCOUNTANT:**  |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **ATTORNEY TO HELP WITH PRACTICE CLOSURE:** |
| First Choice Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| Second Choice Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| Third Choice Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **LOCATION OF WILL AND/OR TRUST:**  |
| Access Will and/or Trust by Contacting: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **PROFESSIONAL CORPORATIONS:**  |
| Corporate Name: |  |
| Date Incorporated: |  |
| Location of Corporate Minute Book: |  |
| Location of Corporate Seal: |  |
| Location of Corporate Stock Certificate: |  |
| Location of Corporate Tax Returns: |  |
| Fiscal Year-End Date: |  |
| Corporate Attorney: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **PROCESS SERVI CE COMPANY:** |
| Name: |  |
| Address: |  |
| Phone: |  |
| Contact: |  |
|  |  |
| **OFFICE-SHARER OR OF COUNSEL:** |
| Name: |  |
| Address: |  |
| Phone: |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **OFFICE PROPERTY/LIABILITY COVERAGE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **OTHER IMPORTANT CONTACTS:**  |
| Reason for Contact: |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| Reason for Contact: |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| Reason for Contact: |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| Reason for Contact: |  |
| Name: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **GENERAL LIABILITY COVERAGE:** |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **LEGAL MALPRACTICE PRIMARY COVERAGE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **LEGAL MALPRACTICE ADDITIONAL COVERAGE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **VALUABLE PAPERS COVERAGE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **OFFICE OVERHEAD/DISABILITY INSURANCE:** |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **HEALTH INSURANCE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Persons Covered: |  |
| Contact Person: |  |
|  |  |
| **DISABILITY INSURANCE:** |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **LIFE INSURANCE:**  |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **LIFE INSURANCE:** |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **WORKERS’ COMPENSATION INSURANCE:** |
| Insurer: |  |
| Address: |  |
| Phone: |  |
| Policy No.: |  |
| Contact Person: |  |
|  |  |
| **CLOUD OR INTERNET-BASED STORAGE LOCATION(S):** |
| Cloud Provider: |  | Account No.: |  |
| Address: |  |
| Phone: |  |
| Location of Password: (if not included on page one) |  |
| Address: |  |
| Phone: |  |
| Items Stored: |  |
|  |  |
|  |
| **STORAGE LOCKER LOCATION(S):** |
| Storage Company: |  | Locker No.: |  |
| Address: |  |
| Phone: |  |
| Obtain Key from: |  |
| Address: |  |
| Phone: |  |
| Items Stored: |  |
| Where Inventory of Files Can Be Found: |  |
|  |  |
|  |  |
| **SAFE DEPOSIT BOXES:** |
| Institution: |  |
| Box No.: |  |
| Address: |  |
| Phone: |  |
| Obtain Key From: |  |
| Address: |  |
| Phone: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
| Items Stored: |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **LEASES:** |  |
| Item Leased: |  |
| Lessor: |  |
| Address: |  |
| Phone: |  |
| Expiration Date: |  |
|  |  |
| **LAWYER TRUST ACCOUNT:** |
| IOLTA: |  |
| Institution: |  |
| Address: |  |
| Phone: |  |
| Account No.: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **INDIVIDUAL TRUST ACCOUNT(S):** |
| Name of Client: |  |
| Institution: |  |
| Address: |  |
| Phone: |  |
| Account No.: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **GENERAL OPERATING ACCOUNT:** |
| Institution: |  |
| Address: |  |
| Phone: |  |
| Account No.: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **BUSINESS CREDIT CARD(S):** |
| Institution: |  |
| Address: |  |
| Phone: |  |
| Account No.: |  |
| Other Signatory: |  |
| Address: |  |
| Phone: |  |
|  |  |
| **MAINTENANCE CONTRACTS:**  |
| Item Covered: |  |
| Vendor: |  |
| Address: |  |
| Phone: |  |
| Expiration: |  |
|  |  |
|  |  |
| **ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:** |
| State of: |  |
| Bar Address: |  |
| Phone: |  |
| Bar ID No: |  |
|  |  |
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|  |  |

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