

## LAW OFFICE LIST OF CONTACTS

**ATTORNEY NAME:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Idaho State Bar #: \_\_\_\_\_ Federal Employer ID #: \_\_\_\_\_ State Tax ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

### **SPOUSE/PARTNER:**

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

### **OFFICE MANAGER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

### **PASSWORDS (FOR COMPUTER SYSTEM, SOFTWARE PROGRAMS, WEB SITES, ONLINE DATA STORAGE, VOICEMAIL, CELL PHONES AND OTHER TECHNOLOGY USED IN YOUR PRACTICE):**

(Name of person who knows passwords or location where passwords are stored, such as a safe deposit box)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

**POST OFFICE OR OTHER MAIL SERVICE BOX:**

Location: \_\_\_\_\_

\_\_\_\_\_

Box No.: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**LEGAL ASSISTANT/SECRETARY:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**BOOKKEEPER:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

**LANDLORD:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**PERSONAL REPRESENTATIVE:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

**ACCOUNTANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

**ATTORNEYS TO HELP WITH PRACTICE CLOSURE:**

First Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

Second Choice: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

Third Choice: \_\_\_\_\_  
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 SERVICE 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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Contact: \_\_\_\_\_

**GENERAL LIABILITY COVERAGE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**LEGAL MALPRACTICE – PRIMARY COVERAGE:**

Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**LEGAL MALPRACTICE – EXCESS 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: \_\_\_\_\_

**WORKERS' COMPENSATION INSURANCE:**

Insurer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Policy No.: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**CLOUD or INTERNET-BASED STORAGE LOCATION:**

Cloud Provider: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

Cloud Provider: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Location of Password (if not included on page one): \_\_\_\_\_

**STORAGE LOCKER LOCATION: (Continued on next page)**

Storage Company: \_\_\_\_\_ Locker No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Items Stored: \_\_\_\_\_

Where Inventory of Files Can Be Found: \_\_\_\_\_

Storage Company: \_\_\_\_\_ Locker No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**STORAGE LOCKER LOCATION:** (Continued)

Items Stored: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where Inventory of Files Can Be Found: \_\_\_\_\_

Storage Company: \_\_\_\_\_ Locker No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Items Stored: \_\_\_\_\_  
\_\_\_\_\_

Where Inventory of Files Can Be Found: \_\_\_\_\_

**SAFE DEPOSIT BOXES:** (Continued on next page)

Institution: \_\_\_\_\_

Box No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Obtain Key From: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Items Stored: \_\_\_\_\_

**SAFE DEPOSIT BOXES:** (Continued)

Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

Items Stored:

Institution:

Box No.:

Address:

Phone:

Obtain Key From:

Address:

Phone:

Other Signatory:

Address:

Phone:

Items Stored:

**LEASES:**

Item Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

Item Leased: \_\_\_\_\_  
Lessor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**LAWYER TRUST ACCOUNT:** (Continued on next page)

\_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**LAWYER TRUST ACCOUNT: (Continued)**

Account No.: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**INDIVIDUAL TRUST ACCOUNT:**

Name of Client: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**GENERAL OPERATING ACCOUNT: (Continued on next page)**

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Account No.: \_\_\_\_\_  
Other Signatory: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**GENERAL OPERATING ACCOUNT: (Continued)**

Account No.: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account No.: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**BUSINESS CREDIT CARD:**

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account No.: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account No.: \_\_\_\_\_

Other Signatory: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**MAINTENANCE CONTRACTS:**

Item Covered: \_\_\_\_\_  
Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration: \_\_\_\_\_

Item Covered: \_\_\_\_\_  
Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration: \_\_\_\_\_

Item Covered: \_\_\_\_\_  
Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Expiration: \_\_\_\_\_

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:** (Continued on next page)

State of: \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Bar ID No.: \_\_\_\_\_

State of: \_\_\_\_\_  
Bar Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Bar ID No.: \_\_\_\_\_

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:** (Continued)

State of: \_\_\_\_\_

Bar Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Bar ID No.: \_\_\_\_\_

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