

**NOTICE OF DESIGNATED
ASSISTING ATTORNEY**

I, _____, have authorized the following attorneys to assist with the closure of my practice:

Name of Authorized Assisting Attorney: _____
Address: _____
Phone Number: _____

Name of Assisting Attorney's Alternate: _____
Address: _____
Phone Number: _____

I, _____, have made arrangements with my financial institution to have an authorized signer on my Lawyer Trust Account:

Name of Authorized Signer on Lawyer Trust Account: _____
Address: _____
Phone Number: _____

[Planning Attorney]

[Date]

[Assisting Attorney]

[Date]

[Alternate Assisting Attorney]

[Date]

[Authorized Signer on Lawyer Trust Account]

[Date]

Mail this form to:

**Idaho State Bar Licensing
P.O. Box 895
Boise, ID 83701**