

## LAW OFFICE CONTACT LIST

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# LAW OFFICE CONTACT LIST

AFFECTED ATTORNEY			
ATTORNEY NAME:		AZ STATE BAR #	
FEDERAL EMPLOYER ID #		STATE TAX ID #	
OFFICE ADDRESS:			
OFFICE PHONE:			
HOME ADDRESS:			
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

SPOUSE			
NAME:			
WORK PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

OFFICE MANAGER			
NAME:			
HOME ADDRESS:			
WORK PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

## COMPUTER AND TELEPHONE PASSWORD HOLDERS

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

NAME:			
HOME ADDRESS:			
WORK PHONE:		CELL PHONE:	
EMAIL ADDRESS:			
INTERNET SERVICE PROVIDER:			

## SUBSCRIPTIONS / CONTRACTS

CASE MANAGEMENT SOFTWARE:	
DOCUMENT MANAGEMENT SOFTWARE:	
SECURE DOCUMENT SHARING PROVIDER:	
TIMEKEEPER / BILLING SOFTWARE:	
PAYROLL / EMPLOYEE TIME SOFTWARE:	
VOIP / WEBFAX COMPANY:	
MAILING / SHIPPING ACCOUNTS AT:	
SOCIAL MEDIA ACCOUNT HANDLER:	

## SOCIAL MEDIA MANAGER

ADDRESS:				
EMAIL ADDRESS:		PHONE:		
SOCIAL MEDIA:	<input type="checkbox"/> FACEBOOK	<input type="checkbox"/> X	<input type="checkbox"/> BLUESKY	<input type="checkbox"/> LINKEDIN
	<input type="checkbox"/> OTHER (List)			

**IT PERSON**

<b>ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	<b>PHONE:</b>

**WEB MANAGER**

<b>ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	<b>PHONE:</b>

<b>BACKUP LOCATION:</b>	
<b>WEB HOSTING COMPANY:</b>	
<b>DOMAIN NAMES HELD:</b>	
<b>BRANDING/MARKETING CONTACT:</b>	
<b>BUSINESS UTILITIES:</b>	
<b>LEGAL RESEARCH COMPANY:</b>	
<b>PRINTING / PROMOTIONAL GOODS PROVIDER:</b>	
<b>CELL SERVICE PROVIDER:</b>	
<b>BUSINESS CELL / TEXTING NUMBERS:</b>	
<b>CALENDAR MANAGER PROVIDER:</b>	

**LOAN INFORMATION**

<b>BUSINESS LOAN HLDER:</b>	
<b>SBA LOAN:</b>	
<b>PPP LOAN:</b>	

**POST OFFICE OR OTHER MAIL SERVICE BOX**

LOCATION:		BOX NO.:	
OBTAIN KEY FROM:		PHONE:	
ADDRESS:			
OTHER SIGNATORY:		PHONE:	
ADDRESS:			

**SECRETARY / PARALEGAL**

NAME:			
HOME ADDRESS:			
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

**BOOKKEEPER**

NAME:			
HOME ADDRESS/WEBSITE:			
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:			

**LANDLORD**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

LOCATION OF OFFICE LEASE:

LEASE EXPIRATION DATE:

**PERSONAL REPRESENTATIVE**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**ATTORNEY**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**ACCOUNTANT**

NAME:

ADDRESS/WEBSITE:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**ATTORNEYS TO HELP WITH PRACTICE CLOSURE**

FIRST CHOICE:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

SECOND CHOICE:

ADDRESS:

PHONE:

CELL PHONE

EMAIL ADDRESS:

THIRD CHOICE:

ADDRESS:

PHONE:

CELL PHONE

EMAIL ADDRESS:



## LOCATION OF WILL AND/OR TRUST

ACCESS WILL AND/OR TRUST BY CONTACTING:

ADDRESS:

PHONE:

CELL PHONE

EMAIL ADDRESS:

## 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:

CORPORATE ATTORNEY:

ADDRESS:

PHONE:

CELL PHONE:

## PROCESS SERVICE COMPANY

NAME:

ADDRESS:

PHONE:

CELL PHONE:

CONTACT:

**OFFICE-SHARER OR OF COUNSEL**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**OFFICE PROPERTY / LIABILITY COVERAGE**

INSURER:

WEBSITE ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

CONTACT PERSON:

**OTHER IMPORTANT CONTACTS**

NAME:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

REASON FOR CONTACT:

**OTHER IMPORTANT CONTACTS – Cont'd**

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE:</b>		<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>		
<b>REASON FOR CONTACT:</b>		

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE:</b>		<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>		
<b>REASON FOR CONTACT:</b>		

**GENERAL LIABILITY COVERAGE**

<b>INSURER:</b>		
<b>WEBSITE ADDRESS:</b>		
<b>PHONE:</b>		<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>		
<b>CONTACT PERSON:</b>		

**LEGAL MALPRACTICE – PRIMARY COVERAGE**

<b>PROVIDER:</b>		
<b>WEBSITE ADDRESS:</b>		
<b>EMAIL ADDRESS:</b>		
<b>PHONE:</b>		<b>CELL PHONE</b>
<b>CONTACT PERSON:</b>		

**LEGAL MALPRACTICE – EXCESS COVERAGE**

INSURER:

WEBSITE ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

POLICY NO.:

CONTACT PERSON:

**VALUABLE PAPERS COVERAGE**

INSURER:

WEBSITE ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

POLICY NO.:

CONTACT PERSON:

**DIGITAL / CYBER BREACH INSURANCE**

INSURER:

WEBSITE ADDRESS:

PHONE:

EMAIL ADDRESS:

POLICY NO.:

CONTACT PERSON:

**OFFICE OVERHEAD / DISABILITY INSURANCE**

INSURER:

WEBSITE ADDRESS:

PHONE:

EMAIL ADDRESS:

POLICY NO.:

CONTACT PERSON:

## HEALTH INSURANCE

INSURER:

WEBSITE ADDRESS:

PHONE:

EMAIL ADDRESS:

POLICY NO.:

PERSONS COVERED:

CONTACT PERSON

## DISABILITY INSURANCE

INSURER:

WEBSITE ADDRESS:

PHONE:

EMAIL ADDRESS:

CONTACT PERSON

## RETIREMENT FUND INFORMATION

PLAN NAME:

ACCOUNT NUMBER(S):

PLAN ADMINISTRATOR & CONTACT  
PERSON:

ADDRESS/WEBSITE:

PHONE:

EMAIL ADDRESS:

## LIFE INSURANCE

INSURER:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:	
POLICY NO.:	
PERSONS COVERED:	
CONTACT PERSON:	

**WORKERS' COMPENSATION INSURANCE**

INSURER:		
ADDRESS/WEBSITE:		
PHONE:		CELL PHONE:
EMAIL ADDRESS:		
POLICY NO.:		
PERSONS COVERED:		
CONTACT PERSON:		

**STORAGE LOCKER LOCATION**

STORAGE COMPANY:		LOCKER NO.:
ADDRESS:		
PHONE:		
OBTAIN COMBINATION OR KEY FROM:		
ADDRESS:		
PHONE:		
EMAIL ADDRESS:		
ITEMS STORED:		

**STORAGE LOCKER LOCATION – Cont'd**

<b>STORAGE COMPANY:</b>		<b>LOCKER NO.:</b>	
<b>ADDRESS:</b>			
<b>OBTAIN COMBINATION OR KEY FROM:</b>			
<b>ADDRESS:</b>			
<b>PHONE</b>		<b>CELL PHONE:</b>	
<b>EMAIL ADDRESS:</b>			

<b>STORAGE COMPANY:</b>		<b>LOCKER NO.:</b>	
<b>ADDRESS:</b>			
<b>OBTAIN COMBINATION OR KEY FROM:</b>			
<b>ADDRESS:</b>			
<b>PHONE</b>		<b>CELL PHONE:</b>	
<b>EMAIL ADDRESS:</b>			

**SAFE DEPOSIT BOXES**

<b>INSTITUTION:</b>		<b>BOX NO.:</b>	
<b>ADDRESS:</b>			
<b>PHONE:</b>			
<b>OBTAIN KEY FROM:</b>			
<b>ADDRESS:</b>			
<b>PHONE:</b>		<b>CELL PHONE:</b>	
<b>EMAIL ADDRESS:</b>			

OTHER SIGNATORY:	
ADDRESS:	
PHONE:	CELL PHONE:
EMAIL ADDRESS:	
ITEMS STORED:	

INTITUTION:	
ADDRESS:	
PHONE:	CELL PHONE:
OBTAIN KEY FROM:	
ADDRESS:	
PHONE	CELL PHONE:
EMAIL ADDRESS:	
OTHER SIGNATORY:	
ADDRESS:	
PHONE:	CELL PHONE:
EMAIL ADDRESS:	
ITEMS STORED:	

INSTITUTION:	
ADDRESS:	
PHONE:	CELL PHONE:
OBTAIN KEY FROM:	
ADDRESS:	



PHONE:		CELL PHONE:	
EMAIL ADDRESS:			
OTHER SIGNATORY:			
ADDRESS:			
PHONE		CELL PHONE:	
EMAIL ADDRESS:			
ITEMS STORED:			

OTHER IMPORTANT LOCATIONS	
ADDRESS:	
PHONE:	

ADDRESS:	
PHONE:	

LEASES	
ITEM LEASED:	
LESSOR:	
ADDRESS:	
PHONE:	
EMAIL ADDRESS:	
EXPIRATION DATE:	

**LEASES – Cont'd**

ITEM LEASED:

LESSOR:

ADDRESS:

PHONE:

EMAIL ADDRESS:

EXPIRATION DATE:

ITEM LEASED:

LESSOR:

ADDRESS:

PHONE:

EMAIL ADDRESS:

EXPIRATION DATE:

**LAWYER TRUST ACCOUNT (IOLTA)**

IOLTA:

INSTITUTION:

ADDRESS:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**INDIVIDUAL TRUST ACCOUNT**

NAME OF CLIENT:

INSTITUTION:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

ACCOUNT NO.:

OTHER SIGNATORY:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**GENERAL OPERATING ACCOUNT**

INSTITUTION:

ADDRESS:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**GENERAL OPERATING ACCOUNT – Cont'd**

INSTITUTION:

ADDRESS:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

INSTITUTION:

ADDRESS:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

ADDRESS:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

**BUSINESS CREDIT CARD**

INSTITUTION:

WEBSITE:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

USER NAME:

**BUSINESS CREDIT CARD – Cont'd**

INSTITUTION:

WEBSITE:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

USER NAME:

INSTITUTION:

WEBSITE:

PHONE:

ACCOUNT NO.:

OTHER SIGNATORY:

USER NAME:

**MAINTENANCE CONTRACTS**

ITEM COVERED:

VENDOR:

ADDRESS:

PHONE:

EMAIL:

EXPIRATION:

ITEM COVERED:

VENDOR:

ADDRESS:

PHONE:

EMAIL:

EXPIRATION:

**MAINTENANCE CONTRACTS – Cont'd**

ITEM COVERED:

VENDOR:

ADDRESS:

PHONE:

EMAIL:

EXPIRATION:

**ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES**

STATE OF:

BAR ADDRESS:

PHONE:

BAR ID NO.:

STATE OF:

BAR ADDRESS:

PHONE:

BAR ID NO.:

STATE OF:

BAR ADDRESS:

PHONE:

BAR ID NO.:

**PROFESSIONAL MEMBERSHIP ORGANIZATIONS**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL ADDRESS:**

**MEMBER NUMBER:**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL ADDRESS:**

**MEMBER NUMBER:**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL ADDRESS:**

**MEMBER NUMBER:**

**NAME:**

**ADDRESS:**

**PHONE:**

**EMAIL ADDRESS:**

**MEMBER NUMBER:**

**OTHER IMPORTANT INFORMATION**

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>	
<b>REASON TO CONTACT:</b>	

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>	
<b>REASON TO CONTACT:</b>	

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>CELL PHONE:</b>
<b>EMAIL ADDRESS:</b>	
<b>REASON TO CONTACT:</b>	



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