

Succession Planning Checklist

This checklist is provided to members of the State Bar of New Mexico for use in developing a succession plan. This list is meant as a guideline only. Every lawyer is responsible for developing and maintaining their own succession plan, tailored to each one's individual circumstances and needs, which details the steps to be taken in the event of the lawyer's extended incapacity from practicing law, or the lawyer's disability or death. If you use this form, you should keep the information listed on this form in a safe location accessible only by you, but instruct your assisting lawyer how to find this checklist, including providing information for electronic access if you choose to compile and save this information electroncially, in the event you have an extended incapacity from practicing law, or become disabled or deceased.

LAWYER:	
UPDATED AS OF:	(should be updated at least annually)
CONTACTS:	
1. Assisting Lawyer:	
Name	
Law Firm	
Address	
Email	
Phone No(s)	
Notified of and Agreed to Plan on: _	
2. Administrative Assistant:	
Name	
Address	
Email	
Phone No(s)	
3. POA or Legal Representative, if any:	
Name	
Address	
Email	
Phone No(s)	

STEPS TO BE TAKEN IN THE EVENT OF EXTENDED INCAPACITY FROM PRACTICING LAW, DISABILITY, OR DEATH - ATTACHED

Attach instructions for your Assisting Lawyer

ACTIVE CLIENTS AND CASES: - ATTACHED

Attach a current list of clients, their contact information, and cases/matters which are open

<u>USER NAMES, PASSWORDS, SOFTWARE/OPERATING SYSTEMS, LOCATION OF FILES (or identify the person who knows passwords and/or location of lists):</u>

1.	Your Bar Numbers: NM Other(s)
2.	Your email addresses
	Email address
	Password
	Email address
	Password
	F2 . J.L
	Email address
	Password
3.	Location of your calendar and, if online, the user name and password:
	Location
	User name, if any:Password, if any
4.	Computer(s)
	User name, if any
	Password, if any
	TT
	User name, if any
	Password, if any
5.	Voicemail, phone number and password, if any:
6.	Passwords for other accounts/subscriptions/files: Attach a current list of accounts/subscriptions/files, and the associated passwords; or the name and password for an electronic password keeper if one is being used
7.	Location of client files (open and closed):
	Physical
	Electronic

1.	IOLTA (Trust Account), if any
	Name of Account
	Bank and Branch
	Account Number
	Other signers on the account
	Location of trust account records
	Location of checkbook
2.	Operating Account(s)
	Name of Account
	Bank and Branch
	Account Number
	Other signers on the account
	Location of account records
	Location of checkbook
	Name of Account
	Bank and Branch
	Account Number
	Other signers on the account
	Location of account records
	Location of checkbook
LOCA	ATION OF BILLING/INVOICES/FIRM RECORDS:
	Physical
	Electronic
<u>PROF</u>	ESSIONAL LIABILITY INSURANCE:
	Company/Broker
	Location of Policy/Dec. Sheet

BANK ACCOUNTS:

a
b
c
Attach additional pages/instructions as necessary and indicate here