Example 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 offered for informational purposes only and is not intended to constitute legal advice nor is it an assurance of compliance with any rules or laws. 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 or any other similar form, you should keep the information listed on the form in a safe location accessible only by you, but instruct your assisting lawyer or a trusted family member or friend how to find the form, including providing information for electronic access if you choose to compile and save this information electronically, in the event you have an extended incapacity from practicing law, or become disabled or deceased.

LAWYER: _______________________________________________________
LAW FIRM: _______________________________________________________
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

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

1. Your Bar Numbers: NM________________ Other(s)__________________________

2. Your email addresses
   Email address ___________________________
   Password ___________________________
   Email address ___________________________
   Password ___________________________
   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 ___________________________
   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 ________________________________________________________

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BANK ACCOUNTS:

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 ___________________________________________________

LOCATION OF BILLING/INVOICES/FIRM RECORDS:

   Physical _________________________________________________________________
   Electronic _____________________________________________________________

PROFESSIONAL LIABILITY INSURANCE:

   Company/Broker _________________________________________________________
   Location of Policy/Dec. Sheet ____________________________________________
OTHER:
Information about keys/combination(s) to P.O. Boxes, safes, locked cabinets, electronic password keepers, etc.
   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________
Attach additional pages/instructions as necessary and indicate here ____________