

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 _____

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 _____

SAMPLE