

DISASTER RECOVERY INFORMATION LIST

ATTORNEY NAME: _____
Social Security # _____
Federal Employer ID # _____
Date of Birth: _____

Office Address: _____

Office Phone: _____
Office Fax: _____
Cell Phone _____
E-mail: _____

Home Address: _____

Home Phone: _____

SPOUSE:

Name: _____
Cell Phone: _____
Employer: _____
Work Phone: _____

OFFICE MANAGER:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

COMPUTER PASSWORDS:

(Name of person or location such as safety deposit box)

Name: _____
Address: _____

Phone: _____

SECRETARY:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

BOOKKEEPER:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

LANDLORD:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

PERSONAL REPRESENTATIVE:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

ATTORNEY:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

ACCOUNTANT:

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

ATTORNEYS TO HELP WITH PRACTICE CLOSURE:

First Choice:

Name: _____
Address: _____

Phone: _____
Cell Phone: _____

Second Choice:

Name: _____
Address: _____

Phone: _____
Cell Phone: _____

Third Choice:

Name: _____
Address: _____

Phone: _____
Cell Phone: _____

LOCATION OF WILL AND/OR TRUST:

Access Will and/or Trust by contracting:

Name: _____
Address: _____

Phone: _____
Cell Phone: _____

PROFESSIONAL CORPORATION:

Corporate Name: _____
Date Incorporated: _____
Location of Corporate Minute Book: _____
Location of Corporate Seal: _____
Location of Corporate Stock Certif. _____
Location of Corporate Tax Returns: _____
Fiscal Year-End Date: _____

Corporate Attorney: _____
Address: _____
Home Phone: _____
Cell Phone: _____

PROCESS SERVICE COMPANY:

Name: _____
Address: _____
Phone: _____
Contact: _____

OFFICE-SHARER OR "OF COUNSEL":

Name: _____
Address: _____
Phone: _____
Contact: _____

Name: _____
Address: _____
Phone: _____
Contact: _____

Name: _____
Address: _____
Phone: _____
Contact: _____

OFFICE INSURANCE COVERAGE:

Casualty

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Liability

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Business Interruption

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Worker's Compensation

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Professional Responsibility

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Health

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Long Term Care

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

Life

Insurer: _____
Address: _____

Phone: _____
Cell Phone: _____
Policy No: _____
Contact: _____

OTHER IMPORTANT CONTACTS:

Name: _____
Address: _____

Phone: _____
Cell Phone: _____
Purpose: _____

Name: _____
Address: _____

Phone: _____
Cell Phone: _____
Purpose: _____

Name: _____
Address: _____

Phone: _____
Cell Phone: _____
Purpose: _____

Name: _____
Address: _____

Phone: _____
Cell Phone: _____
Purpose: _____

LOCATION OF FILES OFF-SITE

Location: _____

Key or
Combination _____

Contact: _____
Phone: _____
Cell Phone: _____
Renewal _____

SAFE DEPOSIT BOXES

Institution: _____
Address: _____

Phone: _____
Box No.: _____
Obtain Key From: _____
Address: _____

Phone: _____
Items Stored: _____
Other Signatory: _____
Address: _____

Phone: _____

Institution: _____
Address: _____

Phone: _____
Box No.: _____
Obtain Key From: _____
Address: _____

Phone: _____
Items Stored: _____
Other Signatory: _____
Address: _____

Phone: _____

EQUIPMENT LEASES:

Item: _____
Lessor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Lessor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Lessor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Lessor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Lessor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

LAWYER'S TRUST ACCOUNT:

Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

INDIVIDUAL CLIENT TRUST ACCOUNTS:

Client Name: _____
Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

Client Name: _____
Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

Client Name: _____
Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

GENERAL OPERATING ACCOUNTS:

Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

Institution: _____
Address: _____

Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

Institution: _____
Address: _____
Phone: _____
Account Number: _____
Account Name: _____
Other Signatory: _____
Address: _____
Phone: _____
Cell Phone: _____

BUSINESS CREDIT CARDS:

Institution: _____
Address: _____
Phone: _____
Account Number: _____
Other Signatory: _____
Address: _____
Phone: _____
Cell Phone: _____

Institution: _____
Address: _____
Phone: _____
Account Number: _____
Other Signatory: _____
Address: _____
Phone: _____
Cell Phone: _____

Institution: _____
Address: _____
Phone: _____
Account Number: _____
Other Signatory: _____
Address: _____

Phone: _____
Cell Phone: _____

MAINTENANCE CONTRACTS:

Item: _____
Vendor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Vendor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Vendor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

Item: _____
Vendor: _____
Address: _____

Contact: _____
Phone: _____
Expiration: _____

ALSO ADMITTED TO PRACTICE IN THE FOLLOWING STATES:

State of: _____
Address: _____

Phone: _____
Bar ID #: _____

State of: _____
Address: _____

Phone: _____
Bar ID #: _____

State of: _____
Address: _____

Phone: _____
Bar ID #: _____