

File Closing Form - Internal Process

Client Name: _____ File No.: _____

File Title: _____ Matter Code: _____

Responsible Attorney(s): ____/____/____ Closing Date: _____

Attorney Responsible for Final File Closing Review: _____

<u>Materials Returned to Client</u>	<u>Date</u>	<u>Means of Return</u>
_____	_____	_____
_____	_____	_____

Materials to be Retained

Materials to be Destroyed

Date File Closing Letter Sent to Client: _____

Date Signed Acknowledgement Letter Re Returned Materials Received from Client: _____

Comments/Notes:

NOTE: This material is intended as only an example, which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will ISBA Mutual Insurance Company be liable for any direct, indirect, or consequential damages resulting from the use of this material.