# Letter 1

# Letter Advising That Lawyer is Closing His/Her/Their Office

# Letter 2

# Letter Advising that Lawyer is Unable to Continue in Practice

# Letter 3

Letter from Firm Offering to Continue Representation

# LETTER ADVISING THAT LAWYER IS CLOSING HIS/HER/THEIR OFFICE

**(*Sample -- Modify as appropriate*)**

Re: [*Name of Case*]

Dear [*Name*]:

As of [*date*], I will be closing my law practice due to [*provide reason, if possible*]. I will be unable to continue representing you on y­our legal matters.

I recommend that you immediately hire another attorney to handle your case for you. You can select any attorney you wish, or I would be happy to provide you with a list of local attorneys who practice in the area of law relevant to your legal needs. In addition, the Oregon State Bar provides a Lawyer Referral Service that can be reached at 503-684-3763 or 800-452-7636.

When you select your new attorney, please provide me with written authority to transfer your file to the new attorney. If you prefer, you may come to our office and pick up a copy of your file and deliver it to that attorney yourself.

It is imperative that you obtain a new attorney immediately. [*Insert appropriate language regarding time limitations or other critical timelines that client should be aware of.*]Please let me know the name of your new attorney or pick up a copy of your file by [*date*].

I [*or insert name of the attorney who will store files*]will continue to store my copy of your closed file for 10 years. After that time, I [*or insert name of other attorney, if relevant*]will destroy my copy of the file unless you notify me in writing immediately that you do not want me to follow this procedure. [*If relevant, add: If you object to (insert name of attorney who will be storing files) storing my copy of your closed file, let me know immediately and I will make alternative arrangements.*]

If you or your new attorney need a copy of the closed file, please feel free to contact me. I will be happy to provide you with a copy.

Within the next [*fill in number*] weeks, I will be providing you with a full accounting of your funds in my trust account and fees you currently owe me.

You will be able to reach me at the address and phone number listed on this letter until [*date*]. After that time, you or your new attorney can reach me at the following phone number and address:

*[Name] [Address] [Phone]*

Remember, it is imperative to retain a new attorney immediately. This will be the only way that time limitations applicable to your case will be protected and your other legal rights preserved.

I appreciate the opportunity to have provided you with legal services. Please do not hesitate to give me a call if you have any questions or concerns.

Sincerely,

*[Attorney]*

*[Firm]*

# LETTER ADVISING THAT LAWYER IS

# UNABLE TO CONTINUE IN PRACTICE

***(Sample – Modify as appropriate)***

Re: [*Name of Case*]

Dear [*Name*]:

Due to ill health, [*Affected Attorney*] is no longer able to continue practicing law. You will need to retain the services of another attorney to represent you in your legal matters. I will be assisting [*Affected Attorney*] in closing [*his/her/their*] practice. We recommend that you retain the services of another attorney immediately so that all your legal rights can be preserved.

You will need a copy of your legal file for use by you and your new attorney. I am enclosing a written authorization for your file to be released directly to your new attorney. You or your new attorney can forward this authorization to us, and we will release the file as instructed. If you prefer, you can come to [*address of office or location for file pick-up*] and pick up a copy of your file so that you can deliver it to your new attorney yourself.

Please make arrangements to pick up your file or have your file transferred to your new attorney by [*date*]. It is imperative that you act promptly so that all your legal rights will be preserved.

Your closed files will be stored in [*location*]. If you need a closed file, you can contact me at the following address and phone number until [*date*]:

*[Name] [Address] [Phone]*

After that time, you can contact [*Affected Attorney*] for your closed files at the following address and phone number:

*[Name] [Address] [Phone]*

You will receive a final accounting from [*Affected Attorney*] in a few weeks. This will include any outstanding balances that you owe to [*Affected Attorney*] and an accounting of any funds in your client trust account.

On behalf of [*Affected Attorney*], I would like to thank you for giving [*him/her/them*] the opportunity to provide you with legal services. If you have any additional concerns or questions, please feel free to contact me.

Sincerely,

*[Assisting Attorney]*

*[Firm]*

Enclosure

**LETTER FROM FIRM OFFERING**

# TO CONTINUE REPRESENTATION

***(Sample – Modify as appropriate)***

Re: [*Name of Case*]

Dear [*Name*]:

Due to ill health, [*Affected Attorney*] is no longer able to continue representing you on your case(s). A member of this firm, [*Name*], is available to continue handling your case if you wish [*him/her/them*] to do so. You have the right to select the attorney of your choice to represent you in this matter.

If you wish our firm to continue handling your case, please sign the authorization at the end of this letter and return it to this office.

If you wish to retain another attorney, please give us written authority to release your file directly to your new attorney. If you prefer, you may come to our office and pick up a copy of your file and deliver it to your new attorney yourself. We have enclosed these authorizations for your convenience.

Since time deadlines may be involved in your case, it is imperative that you act immediately. Please provide authorization for us to represent you or written authority to transfer your file by [*date*].

I want to make this transition as simple and easy as possible. Please feel free to contact me with your questions.

Sincerely,

*[Assisting Attorney]*

Enclosures

I want a member of the firm of [*insert law firm’s name*] to handle my case in place of [*insert Affected Attorney’s name*].

*[Client] [Date]*

**IMPORTANT NOTICES**

This material is provided for informational purposes only and does not establish, report, or create the standard of care for attorneys in Oregon, nor does it represent a complete analysis of the topics presented. Readers should conduct their own appropriate legal research. The information presented does not represent legal advice.  This information may not be republished, sold, or used in any other form without the written consent of the Oregon State Bar Professional Liability Fund except that permission is granted for Oregon lawyers to use and modify these materials for use in their own practices.  © 2023 OSB Professional Liability Fund