

NOTICE OF DESIGNATED SUCCESSOR COUNSEL

I, _____, address: _____

_____ have authorized the following attorneys to assist with the closure of my practice:

Name of Authorized Successor Counsel: _____
Address: _____
Phone Number: _____

Name of Successor Counsel's Alternate: _____
Address: _____
Phone Number: _____

[Affected Attorney] _____ Date

Phone: _____

Email: _____

[Successor Counsel] _____ Date

[Alternate Successor Counsel] _____ Date

___ Details of my succession plan are available from _____ (managing partner)
of the firm _____, telephone number
(____) _____ - _____.

Please notify the NJ Lawyers' Fund for Client Protection by emailing this form to:

cpf.mbx@njcourts.gov

For more information, call the Fund at 855-533-FUND (3863)