

**Letter Advising That Lawyer Is No Longer Able to Practice Law  
(Active File)**

[Date]

Re: [Case Name]

Dear [Client Name]:

Due to [ill health/death/other], [Attorney Name] is not able to continue the practice of law. Because your case is active, you will need to retain the services of another attorney to represent you in your legal matters. I will be assisting [Attorney Name] in closing [his/her] legal practice. We recommend that you retain the services of another attorney immediately to preserve your legal rights.

You will need your client file for use by you and your new attorney. Enclosed are written authorizations for your file to be released directly to you or your new attorney. You or your new attorney can forward this authorization to us, and we will release the file as instructed. Please note that if you pick up your file in person, you will need to provide a driver's license for identification purposes.

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 due to deadlines that may affect your case.

You will receive a final accounting from [Attorney Name] in a few weeks. This will include any outstanding balances that you may owe [Attorney Name] or a refund of unearned fees that may be due to you.

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

Sincerely,

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[Custodian Name]

Enclosures

**Request for Client File**

Re: [Case Reference]

I, [Client Name], hereby request that the law office of

[Firm/Attorney Name] make my file available for pickup at:

\_\_\_\_\_ [Address] \_\_\_\_\_

\_\_\_\_\_ [Phone Number] \_\_\_\_\_

\_\_\_\_\_ [Fax Number] \_\_\_\_\_

\_\_\_\_\_ [Email Address] \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Authorization for Transfer of Client File**

Re: [Case Reference]

I, [Client Name], hereby authorize the law office of

[Firm/Attorney Name] to deliver my file to:

\_\_\_\_\_ [New Attorney Name] \_\_\_\_\_

\_\_\_\_\_ [Address] \_\_\_\_\_

\_\_\_\_\_ [Phone Number] \_\_\_\_\_

\_\_\_\_\_ [Fax Number] \_\_\_\_\_

\_\_\_\_\_ [Email Address] \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date