NOTICE OF DESIGNATED SUCCESSOR LAWYER

I,	_, have authorized the following lawyer(s)to
assist with the closure of my practice:	
Name of Authorized Successor Lawyer: Address: Phone Number:	
Name of Successor Lawyer's Alternate: Address: Phone Number:	
[Absent Lawyer] [Date]	
MAIL THIS FORM TO ABSENT LAWYER'S PRO	FESSIONAL LIABILITY INSURER.