

# CASE FILE CLOSING FORM

Client Name: \_\_\_\_\_

File No: \_\_\_\_\_

File Title: \_\_\_\_\_

Matter Code: \_\_\_\_\_

Responsible Attorneys(s): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Closing Date: \_\_\_\_\_

Attorney Responsible for Final File Closing Review: \_\_\_\_\_

Date: \_\_\_\_\_

Materials Returned to Client

Date/Means of Return

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Materials to be Retained

\_\_\_\_\_

\_\_\_\_\_

Materials to be Destroyed

\_\_\_\_\_

\_\_\_\_\_

Date File Closing Letter Sent to Client: \_\_\_\_\_ By: \_\_\_\_\_

Date Signed Acknowledgment Letter Regarding Returned Materials Received from Client: \_\_\_\_\_ By: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FINANCIAL

Outstanding Fees  Yes  No

Outstanding Costs  Yes  No

Funds Remaining in Trust Account  Yes  No

## TICKLER INFORMATION

Storage?  Yes  No

Location: \_\_\_\_\_

Future Review dates (30 days, 6 mos, 1 yr):

\_\_\_\_\_

File Destruction date: \_\_\_\_\_