

CHECKLIST FOR OPENING AND CLOSING FILES

Client Name: _____

File Subject: _____

Billing Number: _____

Opening

- ____ 1. Potential Client Screening Form in file
- ____ 2. Previous Attorney Interview Form in file
- ____ 3. Conflicts Screening Form in file
- ____ 4. Conflicts letter in file (if client consent required)
- ____ 5. New Client Interview Form in file
- ____ 6. Type of case _____
- ____ 7. Date file opened _____
- ____ 8. Attorney assigned to the case _____
- ____ 9. Engagement letter/fee confirmation letter sent to the client
- ____ 10. Employment contract signed by client
- ____ 11. Authorizations to obtain information signed by client
- ____ 12. File/Client entered on Master File List/Client List
- ____ 13. Client entered in bookkeeping/accounting lists
- ____ 14. Information entered on Subject Matter List
- ____ 15. Prescription dates, if any, entered on attorney's calendar, secretary's calendar and tickler cards
- ____ 16. Client trust ledger card made, if money deposited in trust account
- ____ 17. Rolodex cards for attorney and secretary prepared and placed in Rolodex
- ____ 18. File Information Sheet in file
- ____ 19. Index of Pleadings (or Documents) prepared and placed in file folder

Closing

- ____ 1. Date closed _____
- ____ 2. Attorney closing _____
- ____ 3. Refund requested from Clerk's office \$ _____
- ____ 4. Reconcile client trust account monies
- ____ 5. Return money to client \$ _____ Date returned: _____
- ____ 6. Withdraw money, if necessary, to pay bill \$ _____
- ____ 7. Remove ledger card and client trust card if \$0.00 balance
- ____ 8. Judgment recorded in MOB _____, _____ Parish(es)
- ____ 9. If money judgment not paid, do tickler to file suit to revive judgment
- ____ 10. Motion to Withdraw, if necessary
- ____ 11. Close out on Master File List/Client List, Bookkeeping/Accounting List and Subject Matter List
- ____ 12. Put on Closed File List/Delete from Active Case List
- ____ 13. Judgments/settlement documents sent to client
- ____ 14. Letter sent to client confirming conclusion of representation
- ____ 15. Matter Termination Record completed and in file
- ____ 16. File reviewed for documents to be returned to client
- ____ 17. File reviewed and all duplicates, paper clips removed

ONE CHECKLIST PER FILE TO BE PLACED IN FILE AND UPDATED UNTIL COMPLETED

FILE INFORMATION SHEET

CLIENT:

Name:

Address:

Telephone Number: (H)

(W)

(Cell)

Fax Number:

OPPOSING COUNSEL:

Name:

Firm Name:

Address:

Telephone Number:

Fax Number:

OTHER IMPORTANT PARTIES:

Name:

Address:

Telephone Number:

Fax Number:

REPORT LETTER LOG:

Client Name:

File No.:

Client wants report:

_____ Weekly

_____ Biweekly

_____ Monthly

_____ Quarterly

_____ Whenever important events occur

DATE SENT

First Report Letter Sent

PLEASE KEEP IN FILE ON LEFT-HAND SIDE, ON TOP.

FILE ACTIVITY REGISTER

Client Name: _____
File Subject: _____
Billing Number: _____

DOCUMENT RECEIVED

DATE REC'D

ACTION TO BE TAKEN

DEADLINE

PLAINTIFF versus DEFENDANT

(COURT, CASE NO.)

Billing Number _____

INDEX OF PLEADINGS

TAB NO.	DATE FILED	DESCRIPTION	FILED BY
1			
2			
3			
4			
5			
6			
7			
8			

JANE DOE versus JOHN DOE
Billing Number 2577
INDEX OF PLEADINGS

NO.	DATE FILED	DESCRIPTION	FILED BY
1	02/04/94	Suit On A Promissory Note	Plaintiff
2	03/01/94	Answer	Defendant
3	06/17/94	Motion to Set for Trial on the Merits (11/2/94 at 10:00 a.m.)	Court
4	09/16/94	Motion for Summary Judgment <u>and</u> Memorandum in Support with Exhibits	Defendant
5	12/13/94	Memorandum in Opposition to Motion for Summary Judgment	Plaintiff
6	02/21/95	Post-Trial Memorandum	Plaintiff
7	07/25/95	Judgment and Notice of Signing	Court

Client Name: _____
File Subject: _____
Billing

INDEX - Real Estate -- Residential

TAB NO.	DATE FILED	DOCUMENT	FILED BY
1		Engagement letter	
2		Certificates (ALL forms)	
3		Written payoff statements	
4		Abstract	
5		Survey	
6		Title Insurance Commitment and Inchoate Lien Affidavit	
7		Homeowner's and flood insurance information	
8		Purchase Agreement and extensions	
9		Lending institution's instructions	
10		Copies of divorce decree	
11		Copies of succession documentation	
12		Copies of encumbrances and cancellations	
13		Termite Certificate	
14		Corporate Resolutions and/or Powers of Attorney	
15		Draft of Act of Sale, Mortgage Documentation and Note	
16		Draft of HUD/settlement statements	
17		Copies of tax forms	
18		Copies of disbursement checks	
19		Closing Checklist	
20		Post-Closing Checklist	

MATTER TERMINATION RECORD

Date: _____

File Label: _____

Client Name: _____
File Subject: _____
File Contents: _____
Billing Number: _____

Closing Attorney: _____

Items in the Public Record:

- _____ Act of Sale
- _____ Mortgage
- _____ Judgment
- _____ Lien
- _____ Other

Recordation Information:

Items Registered With Secretary of State:

Description:

Recordation Information:

Items Returned/Sent to Client:

Description:

Acknowledgment

Client:

Method of

Delivery:

Date

Signed by

Items Retained by the Firm: _____

Items Destroyed: _____

(Attach additional sheets to list items, if necessary)

Termination letter sent to the client on: _____

Comments: _____

NOTE: Place one copy in the file, one copy in the closed file register, and one copy in the closing attorney's closed file record.

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--OFFICE USE ONLY --