File Closing Form - Internal Process

Client Name:	File No.:
File Title:	Matter Code:
Responsible Attorney(s)://	Closing Date:
Attorney Responsible for Final File Closing Re	eview:
Materials Returned to Client	Date/ Means of Return
	/
	/
Materials to be Retained	
Materials to be Destroyed	_
Date File Closing Letter Sent to Client:	
	rned Materials Received from Client:
Comments/Notes:	
_	

NOTE: This material is intended as only an example, which you may use in developing your own form. It is not considered legal advice and as always, you will need to do your own research to make your own conclusions with regard to the laws and ethical opinions of your jurisdiction. In no event will ISBA Mutual Insurance Company be liable for any direct, indirect, or consequential damages resulting from the use of this material.