

# **SAMPLE FORMS**

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The Loss Prevention Program is available to assist Louisiana State Bar Association members in the prevention of legal malpractice and the improvement of office practices and procedures.

Most services are free to members of the Louisiana State Bar Association. Other services are free to those insured through the LSBA-sponsored malpractice program. Among the services provided are:

- Workshops for attorneys on preventing malpractice and office management (CLE credit)
- Workshops for non-attorney staff members
- Louisiana Loss Prevention Newsletter
- Sample Forms and Sample Forms Diskettes
- Louisiana Prescription Quick Reference Card
- Lawyers Helping Lawyers article in each issue of the LSBA Journal
- CLE ethics and professionalism presentations for organizations, universities and local bar associations
- Law School skills course instruction

Whether you are a solo practitioner or work with a small firm, a large firm or a corporation, please do not hesitate to ask for assistance. You can contact the Office of Loss Prevention at (985) 898-1785 or 1-800-Gilsbar, Ext. 785, fax: (985) 898-1636, e-mail: [lossprevention@gilsbar.com](mailto:lossprevention@gilsbar.com), or by writing to: Professional Liability Loss Prevention Counsel, Johanna G. Averill, Esq., Carol M. Rider, Esq., Cynthia O. Butera, Esq., or Lindsey M. Ladouceur, Esq., Gilsbar, Inc., P.O. Box 998, Covington, Louisiana 70434. We look forward to assisting you with your practice!

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**FORMS TO ASSIST THE LOUISIANA LAWYER IN  
EFFECTIVELY HANDLING CASES AND CLIENTS**

**File Management Forms**

Checklist for Opening and Closing Files .....  
File Information Sheet .....  
File Activity Register .....  
Index of Pleadings (Blank Form) .....  
Index of Pleadings (Litigation) and Index of Documents (Real Estate) .....  
Matter Termination Record .....

## 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

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



**PLAINTIFF versus DEFENDANT**

**(COURT, CASE NO.)**

**Billing Number \_\_\_\_\_**

**INDEX OF PLEADINGS**

<b>TAB NO.</b>	<b>DATE FILED</b>	<b>DESCRIPTION</b>	<b>FILED BY</b>
1			
2			
3			
4			
5			
6			
7			
8			

**JANE DOE versus JOHN DOE**  
**Billing Number 2577**  
**INDEX OF PLEADINGS**

<b>NO.</b>	<b>DATE FILED</b>	<b>DESCRIPTION</b>	<b>FILED BY</b>
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.)	<b>Court</b>
4	09/16/94	Motion for Summary Judgment and <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	<b>Court</b>

Client Name: _____
File Subject: _____
Billing #: _____

**INDEX - Real Estate -- Residential**

<b>TAB NO.</b>	<b>DATE FILED</b>	<b>DOCUMENT</b>	<b>FILED BY</b>
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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Method of Delivery:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Acknowledgment Signed by Client:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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