Sample Checklists
SAMPLE FORMS

By:
Professional Liability Loss Prevention Counsel

Louisiana State Bar Association
Office of Loss Prevention
Gilsbar, Inc.
P. O. Box 998
Covington, LA 70434

Phone: (985) 898-1785
Fax: (985) 898-1636
E-mail: lossprevention@gilsbar.com
Web Site: www.gilsbar.com

Legal/LA/GenericSampleForms.Revised0202.doc

OFFICE OF LOSS PREVENTION

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, or by writing to: Professional Liability Loss Prevention Counsel, Judy Cannella Schott, Esq., Cynthia O. Butera, Esq., Johanna G. Averill, Esq., or Lindsey M. Ladouceur, Esq., Gilsbar, Inc., P.O. Box 998, Covington, Louisiana 70434. We look forward to assisting you with your practice!

FORMS DISCLAIMER

Any forms provided to practitioners or staff members by Professional Liability Loss Prevention Counsel are informational only, shall not constitute legal advice, and are provided in conjunction with loss prevention activities. Practitioners may use the forms, or variations of the forms, for their personal benefit only; and Professional Liability Loss Prevention Counsel, the Louisiana State Bar Association and Gilsbar, Inc. shall not be responsible or liable to any practitioner or staff member for the use or content of these forms or variations of these forms. These forms are samples and suggestions only; and many circumstances, issues, and laws may require variations of the forms to be made. Professional Liability Loss Prevention Counsel and Gilsbar, Inc. have reserved copyright and all other rights with respect to the forms provided to practitioners and staff members.

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

Sample Checklists

DEPOSITION CHECKLIST

Client Name:________________

File Subject:_________________

Billing Number:______________

Date & Initials:

_____ 1. Arrange convenient date for deposition with opposing counsel/witness/client

_____ 2. Prepare a notice of deposition

_____ 3. Mail notice of deposition to opposing attorney(s) and/or file in court in accordance with court rules

_____ 4. Arrange for a court reporter

Name: ____
Contact Person:____
Date of confirmation: _______________________________________

_____ 5. Mail copy of deposition notice to court reporter

_____ 6. Confirm with other attorneys by telephone two working days prior to deposition

_____ 7. Remind client at least two working days prior to deposition (if client expressed an interest in attending).

_____ 8. Prepare for the deposition

_____ 9. After deposition, follow-up with court reporter to receive transcript
Received on ____

_____ 10. Pay court reporter

_____ 11. Review/summarize deposition and prepare extracts for trial

TRIAL CHECKLIST

Client Name:_________________________

File Subject:_________________________

Billing Number:_____________________

Case Name:

____

v.

____

Telephone Status Conference Date ____

Pre-Trial Conference Date ____

Trial Date ____

Pre-Trial Order Due ____

Jury Instructions Due ____

Jury Interrogatories Due ____

Motion Deadline ____

Expert Report Exchange Deadline ____

Discovery Deadline ____

Witness List Deadline ____

Exhibit List Deadline ____

Subpoena Deadline (___ days prior to trial) ____

TO DO

Prepare trial outline ____

Research ____

Trial Folders/Notebook ____

Assemble and label exhibits ____

Prepare visual displays ____

Prepare direct examination ____

Prepare cross examination ____

Interview witnesses (attach separate list of names/dates) ____

Subpoena witnesses ____

Prepare Motions in Limine ____

Prepare Voir Dire ____

Prepare jury instructions ____

Prepare jury interrogatories ____

Prepare verdict form ____

Prepare opening statement ____

Prepare Motion for Directed Verdict (other motions) ____

Prepare closing argument ____

SUCCESSION INFORMATION CHECKLIST

(Please answer all questions as completely as possible)

DATE:___________________________

Client Name:_____________________
File Subject:______________________
Billing Number:___________________

YOUR NAME: ____

Telephone Number: ____

DECEDENT

FULL NAME:____

SOCIAL SECURITY #:____

PLACE OF DEATH: ____

DATE OF DEATH: ____

DEATH CERTIFICATE (attach copy): ____

DOMICILE AT THE TIME OF DEATH (Address, Parish and State): ______________________
____

DID DECEDENT HAVE A WILL? ____

HEIRS

List all heirs (include social security numbers, full names, addresses, relationship to decedent, marital status, whether living or deceased) (if deceased, date of death and full names of all children)

____
____
____
____

(Use reverse if necessary)

DECEDENT'S MARRIAGE(S) AND CHILDREN

Was decedent married at the time of death? ___________________________________

Full name of spouse: ____

Was decedent preceded in death by a spouse? ___No ___Yes Name of spouse:_____________

Children of the marriage (full names and addresses):

____

____

____

Any deceased children? (Please list full name(s) and date(s) of death) _________________

____

Other children (adoptions of/by; illegitimate; etc.): _________________________________

____

Was decedent married any other times? ____________________________________
(If so, use the reverse to list marriages, dates, end in death or divorce?, number of children of the marriage(s), any deceased children, dates of death, other children (adoptive, illegitimate, etc.))

ASSETS

List all property and valuations as of the time of death (attach legal descriptions of all property, mortgage balances at the time of death, account numbers for bank accounts and other cash accounts, location and number of safety deposit box, VIN numbers for vehicles, stocks/bonds information, retirement account information, IRA information, appraisals, market valuations using comparables in the area, etc.) BE AS SPECIFIC AS POSSIBLE.

____
____
____
____

List all Separate property

____

____

____

____

DEBTS

Funeral expenses: ____

Medical expenses of the last illness: _________________________________

____

____

Other debts: ____

____

Mortgages on real estate: ____

____

(Attach copies of receipts or statements)

Real Estate General Checklist

Client Information

Name: ______________________________ Tele. No.: ______________________________

Address: ____

Client Contract signed on ____________________; Engagement letter sent on __________________________

Property Information

Property Description (including parish): ____

Realtors:
Listing Co.: ____________________________ Selling Co.: ____________________________

Tele. No.: ____________________________ Tele. No.: ____________________________

Agent: ____________________________ Agent: ____________________________

Commission: ____________________________ Commission: ____________________________

Purchase Agreement: ____ Yes (attach copy) ____ No (Why not? Use reverse)

Specific requirements as per Purchase Agreement: ______________________________________

Purchase Price: ____________________________ Finance Amount: ____________________________

Lender Name: ____________________________ Contact Person: ____________________________

Tele. No.: ____________________________ Closing Instructions received on ________________
(Attach copy of instructions)

Closing Deadline: ____________________________ Extensions? ____ Yes (attach) ____ No

Buyer Information

Name(s): ____________________________ ____________________________
Soc. Sec. #: Soc. Sec. #:

Marital Status: ____
(Attach divorce decrees if any)

Address: ____________________________ Tele. No.: ____________________________
(List other parties' names/addresses/tele. no.'s/SSN's on reverse if necessary)

Seller Information

Name(s): ____________________________ ____________________________
Soc. Sec. #: Soc. Sec. #:

Marital Status: ____
(Attach divorce decrees if any)

Address: ____________________________ Tele. No.: ____________________________

(List other parties' names/addresses/tele. no.'s/SSN's on reverse if necessary)

Insurance Information

Homeowner's: ______________________________ Agent: ____________________________________

Premium: __________________________________ Paid at closing? ____ Yes ____ No

Flood: ____________________________________ Agent: ____________________________________

Premium: __________________________________ Paid at closing? ____ Yes ____ No

Title Insurance Company: ____

Owners' Policy ______ Lender's Policy ______ Premium: ________________________________

Commitment issued on _______________________________________ (Attach copy)

Survey

Company: ____________________________ Tele. No.: __________________________________

Ordered on: ____________________________ Fee: _______________ Paid at closing? _________

Abstract

Company: ____________________________ Tele. No.: __________________________________

Ordered on: ____________________________ Fee: ________________ Paid at closing? _

Closing Costs

Payoffs: ____________________________________ to ______________________________________

____ to ______________________________________

(Obtain written payoff statements with instructions)

Survey: __________ Title Ins. Premium: ___________ Taxes: __________ (__________/day)

Certificates: Seller pays ________________ Buyer pays _______________

Documentary Transaction Tax: _________________ Commissions: ____________________________

Document Preparation Fee _______________ paid by ____

Notary Fee __________ paid by _______________________ Filing Fee _________ paid by________________

Termite Inspection Fee________________ paid by____

Other costs: _____________________________________ paid by __________________________

_____________________________________ paid by __________________________

Estimated closing costs: Seller _________________________ Buyer _____________________________

Real Estate Pre-Closing Checklist

Client Name:_____________
File Subject:_____________
Billing Number:__________

- ____ Complete Real Estate General Checklist
- ____ Send engagement letter to client
- ____ Order Mortgage, Conveyance, Tax and Paving Certificates
- ____ Obtain written payoff statements with instructions
- ____ Order abstract
- ____ Order survey
- ____ Order title insurance
- ____ Confirm homeowner's and flood insurance
- ____ Obtain copy of Purchase Agreement
- ____ Obtain extension of Purchase Agreement
- ____ Obtain lending institution's closing instructions
- ____ Obtain copies of divorce decrees, if any
- ____ Obtain copies of succession documents, if any
- ____ Obtain copies of restrictions/encumbrances
- ____ Obtain copy of termite certificate
- ____ Prepare corporate resolutions, if any
- ____ Prepare powers of attorney, if any
- ____ Confirm date/time/place of closing with buyers/attorneys
- ____ Confirm date/time/place of closing with sellers/attorneys
- ____ Confirm date/time/place of closing with lender
- ____ Confirm date/time/place of closing with realtors
- ____ Prepare Act of Sale
- ____ Prepare mortgage documentation and note
- ____ Follow-up on purchase agreement requirements

____
____

____ Other: ____

NOTES

Completed by ________________________________ on ___________________________
(Attorney name) (Date)

Place in file on left-hand side

THIS FORM IS INFORMATIONAL ONLY AND IS NOT TO BE CONSTRUED AS LEGAL ADVICE, NOR IS IT INCLUSIVE OF EVERY LEGAL DETAIL THAT MAY BE INVOLVED IN THE HANDLING OF INDIVIDUAL LEGAL MATTERS. IT IS RECOMMENDED THAT INDEPENDENT LEGAL RESEARCH BE CONDUCTED IN EVERY LEGAL MATTER, AND THAT FORMS BE TAILORED, MODIFIED AND CAREFULLY PROOFREAD FOR EACH RESPECTIVE MATTER.

Real Estate Closing Checklist

Client Name:_______________
File Subject:________________
Billing Number:_____________

____ Disclose to all parties *whom you* represent (buyer, seller, lender)
____ Obtain and review corporate resolutions, if any
____ Obtain and review powers of attorney, if any
____ Obtain copies of buyers' drivers' licenses
____ Obtain copies of sellers' drivers' licenses
____ Obtain deposit from realtors (have check endorsed)
____ Obtain necessary waivers from parties (certificates, survey, title ins.)
____ Review lending institution's closing instructions
____ Review purchase agreement requirements with all parties
____ Place termite certificate in file
____ Place divorce/succession documents in file
____ Review HUD/settlement statement with all parties
____ Review Act of Sale with all parties
____ Review mortgage documentation with buyers
____ Review survey with parties
____ Review encumbrances with parties
____ Address questions of parties
____ Act of Sale executed, witnessed and notarized
____ 1099 Tax Information Form complete
____ Lien affidavit executed
____ Mortgage documentation executed, witnessed and notarized
____ Disburse checks as per HUD/settlement statement
____ Other: ____

NOTES

Completed by ______________________________ on ________________________
(Attorney name) (Date)

Real Estate Post-Closing Checklist

Client Name:_______________
File Subject:________________
Billing Number:_____________

____ Attach survey/powers of attorney/resolutions to act of sale
____ Have certificates updated, signed, annexed to act of sale (copies in file)
____ Record all acts with mortgage and conveyance offices, ____________ parish
____ Obtain date-stamped copies of acts and place in file
____ Deliver copy of act of sale to assessor's office, if required
____ Obtain recordation information and place in file
____ Forward recordation information to Seller
____ Forward recordation information to Buyer
____ Forward recordation information to lending institution
____ Forward other required documents to lending institution
____ Pay documentary transaction tax, if any (place receipt in file)
____ Obtain title policy, review and forward to buyer/lender (place copy in file)
____ Issue opinion, if any (place copy in file)
____ Review outstanding costs and provide for disposition
____ File appropriate tax information with the IRS
____ Send disengagement letter to client
____ Close file and place in storage
____ Other: ____

NOTES

Completed by ______________________________ on ________________________
(Attorney name) (Date)