

Sample Joint Notice of Attorney Departure and Client Election Form

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Meet Mark:

Mark Bassingthwaighte, Esq., serves as Risk Manager at [ALPS](#), a leading provider of insurance and risk management solutions for law firms. Since joining ALPS in 1998, Mark has worked with more than 1200 law firms nationwide, helping attorneys identify vulnerabilities, strengthen firm operations, and reduce professional liability risks.

He has presented over 700 continuing legal education (CLE) seminars across the United States and written extensively on the topics of risk management, legal ethics, and cyber security.

A trusted voice in the legal community, Mark is a member of the State Bar of Montana and the American Bar Association and holds a J.D. from Drake University Law School. His mission is to help attorneys build safer, more resilient practices in a rapidly evolving legal environment.



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Sample Joint Notice of Attorney Departure and Client Election Form

[Date]

[Client Name]

[Client Address]

[City, State, Zip]

Re: Your Legal Matter with [Firm Name]

Dear [Client Name],

We are writing together to let you know that [Departing Lawyer Name] will be leaving [Firm Name] effective [Departure Date] to join [New Firm Name]. Because you are an active client, we want to ensure you have clear information, uninterrupted support, and full control over how you would like your matter handled going forward.

Your matter is ongoing, and you have the right to decide who represents you next. You may choose any of the following:

- Continue working with [Departing Lawyer] at their new firm, [New Firm Name].
- Remain with [Firm Name], where another qualified attorney will assume responsibility for your matter.
- Retain a different lawyer or law firm, if that is your preference.

If you would like to stay with [Firm Name], we are ready to continue representing you without interruption. Please let us know and we will introduce you to the attorney who will take over responsibility for your matter.

If you would like to continue with [Departing Lawyer], we will coordinate with you to transfer your file promptly and securely. [Departing Lawyer] will continue practicing at:

[New Firm Name]

[Address]

[Phone], [Email]

If you prefer another lawyer, we will help you transfer your file to the lawyer of your choice. Just let us know where to send it.



There is no wrong choice. You are free to select the option that best serves your needs. To assist with this, we have enclosed an election form and a stamped return envelope. Please return the completed form by [Response Deadline Date]. If we do not hear from you by that date, we will proceed as though you have elected to continue your representation with [Firm Name], and another attorney will be assigned to your matter.

(Template note: where called for, the default outcome may be changed to “have elected to have your representation continue with [Departing Lawyer] and we will see that your file is transferred in a prompt and secure manner.”)

Although we will be working from different offices, we remain committed to a smooth transition and to protecting your interests throughout this process. We appreciate the trust you have placed in us. If you have questions or would like to talk through your options, please reach out to either of us.

Finally, if [Firm Name] is holding funds in trust for you, we will handle any remaining balance in accordance with your instructions and all applicable rules. We can also provide a final accounting at your request. Please note that any outstanding invoices remain your responsibility, no matter which counsel you choose. If you have questions about your account, we are here to help.

Sincerely,

[Managing Partner or Authorized Firm Representative Name]
[Firm Name]

[Departing Lawyer Name]

Please complete and return this section by [Response Deadline Date].

[Client Name]

[Matter]

Please check one:

- I elect to continue my representation with [Firm Name].
- I elect to be represented by [Departing Attorney Name] and authorize the transfer of my file.
- I elect to retain new counsel and authorize the transfer of my file to:

Name: _____ Firm: _____

Email: _____ Phone: _____

Address: _____

File Transfer Authorization:

- I authorize the release of my file as indicated above.

Trust Funds Authorization (if applicable):

- Please transfer any remaining trust balance to my new counsel.
- Please return any remaining trust balance directly to me.
- I acknowledge that any outstanding invoices remain my responsibility, regardless of my choice of counsel.

Signature: _____ Date: _____