Client contingency plan

[*{{ Meta.FirmName }}*]

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# Introduction

This is the Client contingency plan (the “Plan”) of [*insert name or firm name*] (the “Planning Licensee”).

Below is the name and contact information for the licensee[*s*] I have appointed as my plan administrator in the event an unexpected situation arises that impacts my capacity to continue practicing, whether temporarily or permanently (the “Administrator”).

The Administrator has agreed to [*assume responsibility for/supervise a non-licensee steward in the proper*] winding-up of my professional business. [*If a non-licensee steward will be involved, ensure they are identified as such in this plan*].   
  
**Administrator**

|  |  |
| --- | --- |
| Name: | {{ Administrator.Name }} |
| Address: | {{ Administrator.Address }} |
| LSO# | {{ Administrator.LSO }} |
| Phone: | {{ Administrator.Phone }} |
| Email: | {{ Administrator.Email }} |

[***Optional:*** In the event the Administrator is unable to fulfill this appointment, I have identified an alternate Administrator who has agreed to assume the responsibilities and commitments required by the Administrator in this Plan (the “Alternate Administrator”)]

**Alternate Administrator**

|  |  |
| --- | --- |
| Name: | {{ Administrator.Alternate.Name }} |
| Address: | {{ Administrator.Alternate.Address }} |
| LSO# | {{ Administrator.Alternate.LSO }} |
| Phone: | {{ Administrator.Alternate.Phone }} |
| Email: | {{ Administrator.Alternate.Email }} |

This Plan outlines the steps for my Administrator to wind up my professional business, including notifying the Law Society, my insurer, and active clients of my status change. It also includes instructions for returning client files, including trust funds and other property, to protect clients’ interests in my absence.

A copy of this Plan will be kept by me, and a copy has been provided to my Administrator, [*and Alternate Administrator*] to be kept in a secure but accessible location.

For more information on my practice, the Administrator may consult my [[*office manual*](https://lawsocietyontario-dwd0dscmayfwh7bj.a01.azurefd.net/media/lso/media/lawyers/practice-supports-resources/office-manual-template-en.docx) *or other similar document*], which is located [*insert location of document*] and can be accessed by [*provide any information needed to access the document (e.g., key, password, etc.)*].

# Duties of Administrator

This Plan is activated in any circumstance where I am suddenly unable, whether temporarily or permanently, to continue my [*law/ legal services*] practice due to illness, disability, death, or other unexpected events. Once such an event occurs, my Administrator must promptly [*perform/supervise non-licensee steward in taking*] the below steps.

|  |  |
| --- | --- |
| **Step 1** | **Notify the Law Society**  My Administrator will log into their own [LSO Connects](https://lso.ca/lso-connects) account and notify the Law Society’s Trustee Services department that I have ceased working and that they are my appointed Administrator. To provide this notification, my Administrator will complete and submit the General Inquiry Form to Trustee Services via LSO Connects. |
| **Step 2** | **Notify professional liability insurer**  My Administrator will notify my professional liability insurer that I have ceased working and that they are my appointed Administrator.  The contact information for my insurer is found on page [*insert page number*] of this Plan. |
| **Step 3** | **Notify clients and obtain instructions to return file**  My Administrator will, using the information in my active file tracking chart [*or insert the name of a similar document*], *[advise / direct non-licensee steward to advise*] all my active clients that I can no longer continue in respect of their retainer and either arrange for the:   1. Transfer of active clients’ files and other property to a successor licensee of the client’s choice, or 2. Return the clients’ files and other property to the client.   The location of my active file tracking chart [*or insert name of a similar document*], all client files or other property, and additional instructions for carrying out this step are found on pages [*insert page numbers*] of this Plan. |
| **Step 4** | **Attempt to access and return trust funds** [*Include only if you have a trust account*]  My Administrator will review my active file tracking chart [*or insert name of a similar document*] to identify which clients have monies in trust and attempt to access the trust account(s) at my financial institution for the purpose of returning or transferring said trust funds as directed by my clients.  My active file tracking chart [*or insert name of a similar document*], the name and contact information for my financial institution, and additional instructions for carrying out this step are found on pages [*insert page numbers*] of this Plan.  [*Include any other documents or arrangements you have made with your bank to facilitate the Administrator’s access to your trust account(s)*]. |
| **Step l** | [*Include any other steps or arrangements that you and the*  *Administrator have agreed to take on your behalf. This may include, for example:*   * *Requiring the Administrator to notify any persons you are assisting in another professional capacity (e.g., trustee, attorney, guardian) of your status change* * *Requiring the Administrator to notify persons or organizations relating to your specific practice area (e.g., the court, tribunal, opposing legal representative, Teranet, etc.)* * *Requiring the Administrator to provide notice to the public that you are no longer practicing (e.g., updating firm website/social media accounts, posting notice on office door, setting an out of office message, etc.)* |

# Professional business information

Below is information about my professional business, including contact information for individuals I work with, the location of business-related property, and information and documents related to other professional roles I have taken on.  **Planning Licensee**

|  |  |
| --- | --- |
| Name: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.Name }}** |
| Home address: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.HomeAddress }}** |
| Phone/Cell: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.Phone }}** |
| LSO No.: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.LSO }}** |
| SIN No.: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.SIN }}** |
| Date of birth: | **{{ ProfessionalBusinessInformation\_Part1.PlanningLicensee.DOB }}** |

**Business information**

|  |  |
| --- | --- |
| Business name: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Name }} |
| Business address: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Address }} |
| Incorporation No.: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.IncorporationNo }} |
| Incorporation date: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.IncorporationDate }} |
| CRA Tax No.: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.CRATaxNo }} |
| HST No.: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.HSTNo }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Email }} |
| Website: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Website }} |
| Blog: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.Blog }} |
| Social media accounts: | {{ ProfessionalBusinessInformation\_Part1.BusinessInfo.SocialMedia }} |

**Next of kin** **/Emergency contact**

|  |  |
| --- | --- |
| Name: | {{ ProfessionalBusinessInformation\_Part1.EmergencyContact.Name }} |
| Relationship: | {{ ProfessionalBusinessInformation\_Part1.EmergencyContact.Relationship }} |
| Address: | {{ ProfessionalBusinessInformation\_Part1.EmergencyContact.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part1.EmergencyContact.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part1.EmergencyContact.Email }} |

**Office manager**

|  |  |
| --- | --- |
| Name: | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.Name }} |
| Address: | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.Email }} |
| Work arrangement (remote, hybrid, in-person): | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.WorkArrangement }} |
| Location of and access to employee file/contracts: | {{ ProfessionalBusinessInformation\_Part2.OfficeManager.FileAccess }} |

**Legal assistant, law clerk, or other staff**

|  |  |
| --- | --- |
| Name: | {{ ProfessionalBusinessInformation\_Part2.Staff.Name }} |
| Home address: | {{ ProfessionalBusinessInformation\_Part2.Staff.Address }} |
| Phone: | {{ ProfessionalBusinessInformation\_Part2.Staff.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part2.Staff.Email }} |
| Work arrangement (remote, hybrid, in-person): | {{ ProfessionalBusinessInformation\_Part2.Staff.WorkArrangement }} |
| Location of and access to employee file/contracts: | {{ ProfessionalBusinessInformation\_Part2.Staff.FileAccess }} |

**Landlord, lessor, or mortgagor**

|  |  |
| --- | --- |
| Business name: | {{ ProfessionalBusinessInformation\_Part3.Landlord.BusinessName }} |
| Contact person: | {{ ProfessionalBusinessInformation\_Part3.Landlord.Contact }} |
| Address: | {{ ProfessionalBusinessInformation\_Part3.Landlord.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part3.Landlord.Phone }} |
| Lease/rental/mortgage key terms: | {{ ProfessionalBusinessInformation\_Part3.Landlord.KeyTerms }} |
| Lease/rental/mortgage termination/renewal date: | {{ ProfessionalBusinessInformation\_Part3.Landlord.RenewalDate }} |
| Location of and access to lease/rental/mortgage agreement or contracts: | {{ ProfessionalBusinessInformation\_Part3.Landlord.AgreementAccess }} |

**Professional liability insurer**

|  |  |
| --- | --- |
| Insurer name: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Name }} |
| Policy No.: | {{ ProfessionalBusinessInformation\_Part3.Insurer.PolicyNo }} |
| Type of coverage: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Coverage }} |
| Contact person: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Contact }} |
| Address: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Email }} |
| Website: | {{ ProfessionalBusinessInformation\_Part3.Insurer.Website }} |

**Bookkeeper or accountant**

|  |  |
| --- | --- |
| Business name: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.BusinessName }} |
| Contact person: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.Contact }} |
| Address: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.Email }} |
| Website: | {{ ProfessionalBusinessInformation\_Part4.Bookkeeper.Website }} |

**Consultants (e.g. technology, financial, marketing)**

|  |  |
| --- | --- |
| Business name: | {{ ProfessionalBusinessInformation\_Part4.Consultants.BusinessName }} |
| Contact person: | {{ ProfessionalBusinessInformation\_Part4.Consultants.Contact }} |
| Address: | {{ ProfessionalBusinessInformation\_Part4.Consultants.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part4.Consultants.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part4.Consultants.Email }} |
| Website: | {{ ProfessionalBusinessInformation\_Part4.Consultants.Website }} |

**Suppliers (equipment, software providers, etc.)**

|  |  |
| --- | --- |
| Business name: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.BusinessName }} |
| Contact person: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.Contact }} |
| Address: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.Address }} |
| Phone/Cell: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.Phone }} |
| Email: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.Email }} |
| Website: | {{ ProfessionalBusinessInformation\_Part4.Suppliers.Website }} |

# Location of and access to business property

# Office details

My physical office is situated at [*insert full address*]. I work [*in-person/remotely/hybrid*].

To access my office, [*insert instructions on how to gain entry or whom to contact]*.

The keys to access my office are located [*insert location*]:

# Business records

Below is information on the location of and how to access my practice’s financial records:

* [*provide the location of and how to access the business’ constating documents*]
* [*provide the location of and how to access tax-related records for your practice*]
* [*provide the location of and how to access financial records for your practice (e.g., ledgers, bank statements, invoices*)]
* *[provide location of and how to access any other relevant business records*]

# Technology and passwords

My practice uses the following hardware:

[*List computers, smart phones, tablets, hard drives, etc.]*

My practice uses the following software:

[*List all practice management, email, accounting, time tracking or other relevant software]*

A complete list of all access information and passwords relating to the use of technology in my practice is located [*insert location of password list, contact person with said list, etc.*]. This list can be accessed by [*provide details or contact information for person(s) who can provide access*].

# Location of and access to bank accounts

I have made the following arrangements to give my Administrator access to my trust accounts and any other accounts. This access is for the purpose of returning trust funds to clients as directed by those clients.

[*Insert details of arrangements including a power of attorney or other documents prepared for your financial institution, etc.]*

The following executed documents are appended to this Plan to assist the Administrator in winding up my financial obligations to clients.

[*List the relevant documents, such as a power of attorney*]

Below is information for my professional business bank accounts and other financial details:

**General, business, or operating account**

|  |  |
| --- | --- |
| Name of financial institution: | {{ BankAccounts.GeneralAccount.Institution }} |
| Account No.: | {{ BankAccounts.GeneralAccount.AccountNo }} |
| Branch No.: | {{ BankAccounts.GeneralAccount.BranchNo }} |
| Contact person name and email: | {{ BankAccounts.GeneralAccount.Contact }} |
| Name(s) of signatory: | {{ BankAccounts.GeneralAccount.Signatories }} |

**Trust account**

|  |  |
| --- | --- |
| Name of financial institution: | {{ BankAccounts.TrustAccount.Institution }} |
| Account No.: | {{ BankAccounts.TrustAccount.AccountNo }} |
| Branch No.: | {{ BankAccounts.TrustAccount.BranchNo }} |
| Name(s) of signatory: | {{ BankAccounts.TrustAccount.Signatories }} |
| Online banking login information: | {{ BankAccounts.TrustAccount.OnlineBanking }} |

**E-reg trust account**

|  |  |
| --- | --- |
| Name of financial institution: |  |
| Account No.: |  |
| Branch No.: |  |
| Name(s) of signatory: |  |
| Online banking login information: |  |

**Separate interest-bearing trust account (e.g., GIC, term deposits)**

|  |  |
| --- | --- |
| Name of financial institution: |  |
| Account No.: |  |
| Branch No.: |  |
| Name(s) of signatory: |  |
| Online banking login information: |  |

**Business cheques, and debit/credit cards**

|  |  |
| --- | --- |
| Name of financial institution and processing company: |  |
| Contact information and person: |  |
| Account No.: |  |
| Name(s) of signatory: |  |

# Location of and access to client files

# Active or open client files

My active file tracking chart [*or insert name of a similar document]* is located [*insert physical or electronic location*] and can be accessed by [*describe how to access including the name of any software, cloud storage solution, and providing any login, passwords, or other access information*].

My active client files are located [*insert location of physical and/or electronic files*] and are organized by [*include information about how active files are organized*]. These files can be accessed by [*provide directions for accessing physical or electronic files including the location of any keys, the name of any software, cloud storage solution, passwords, contact information, etc.)].*   
  
I hold client property. The property that I hold consists of [*summarize the type of property (wills, will indices, foundation documents, minute books, etc.) and number*] and is located [*insert location of property*] and can be accessed by [*describe how to access or whom to contact for access*].

The list of client property in my possession is located [*insert location of client property list and how to access it or include a list of the property here identifying which client owns the property and how to locate and access said property*].

With respect to my active client files, my Administrator will take the following steps:

1. Review my active file tracking chart [*or insert name of a similar document*] which specifies the priority or urgency of ongoing client matters.
2. Contact all active clients, in the order of priority I have assigned in my active file tracking chart [*or insert name of a similar document*], to advise that I am no longer able to continue to represent them.
3. Seek direction from each active client to:

* take over the file themselves as a self-represented party and return the client file, including any client property, to them, or
* refer the client to another licensee and transfer the client file and property to the successor licensee of the client’s choice [*Note: If you will be receiving a fee in return for such referral, you must comply with the Law Society’s* [*referral fee requirements*](https://lso.ca/lawyers/practice-supports-and-resources/topics/managing-money/fees-and-disbursements/referral-fees)].

# Closed or former client files

My closed client file tracking chart [*or insert name of a similar document*]is located [*insert physical or electronic location*] and can be accessed by [*describe how to access including the name of any software, cloud storage solution, and providing any login, passwords, or other access information*].

My closed client files are located [*on-site/off-site*] and are organized by [*include information about how closed files are organized*]. These closed files can be accessed by *[provide directions for accessing files onsite or insert the name, address, and contact information for your off-site storage provider, and append any relevant agreements or documents to this Plan].*

# Other professional roles

[***Note:*** *If you are taking or have taken on other professional roles, such as being an executor or administrator of an estate, a trustee of a trust, or an attorney under a power of attorney, include the relevant details and arrangements below and append any related documents to your Plan*]

**Estate or trust administration**

I have been appointed *[estate trustee/trustee/administrator*] for the below [*testator(s) or grantor(s)*]:

|  |  |
| --- | --- |
| Testator/grantor name(s): |  |
| Contact information for testator/grantor: |  |
| Location of and access to file and will/trust documents: |  |
| Other executor/trustee names and contact: |  |
| Beneficiaries’ names and contact: |  |
| Creditors’ names and contact: |  |
| Estate/trust assets: |  |
| Related bank account information of which the Planning Licensee is a holder | *(Identify type of account, account number, financial institution, contact details):* |

**Guardianship**

I have been appointed as guardian for the following person(s):

|  |  |
| --- | --- |
| Ward(s) name and contact information: |  |
| Location of and access to guardianship documents: |  |
| Guardianship assets: |  |
| Guardian duties: |  |
| Related bank account information of which the Planning Licensee is a holder | *(Identify type of account, account number, financial institution, contact details):* |

**Power of attorney (POA)**

I have been appointed as attorney for [*property/finances/health*] of the below principal(s):

|  |  |
| --- | --- |
| Principal(s) name: |  |
| Contact information for Principal: |  |
| Location of and access to POA and related documents/files: |  |
| Other attorney names and contact: |  |
| Powers under POA: |  |
| Duration of POA: |  |
| Revocation conditions: |  |
| Related bank account information of which the Planning Licensee is a holder | *(Identify type of account, account number, financial institution, contact details):* |

# Other arrangements

[*Identify any other arrangements made and agreed to by the Administrator to wind-up your professional business beyond the minimum requirements above*]*:*

# Appendix

[*List and append all relevant documents related to this Plan including, for example: continuing Power of Attorney for Property (Law or legal services practice), technology and password list, etc.*]