

## **NOTICE OF RETIREMENT**

Effective (date) Attorney (name) will retire from the practice of law and close the law office. It has been a privilege to serve the legal needs of the clients in our community. If you were a client of Attorney (name) and would like your file, please contact Attorney (name) at phone number or email\* by (date – at least 60 days from notice).

Attorney Name

Firm Name

Street address

Mailing address, if different from street address

City, State, Zip Code