



MONROE COUNTY BAR ASSOCIATION
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CONFIDENTIAL LAWYER SUCCESSION REGISTRY FORM

[NOTICE: This Lawyer Succession Registry Form is confidential and for information purposes only. This does not confer any legal right or responsibility to any Lawyer, Lawyer Designee, the Monroe County Bar Association, or any third party. The Monroe County Bar Association is not responsible for the accuracy for the information provided herein, nor does the Monroe County Bar Association warrant the timeliness of this information]

[NOTICE: This Lawyer Succession Registry Form confidential information shall be released upon Court Order, Lawyer authorization, or Lawyer Designee authorization. The Lawyer Designee name and contact information only shall be released upon written request to the Monroe County Bar Association.]

DATE: _____

LAWYER NAME: _____
 Lawyer Firm (if any): _____

LAWYER BUSINESS ADDRESS: _____

 Phone: () _____
 Fax: () _____
 E-Mail: _____

DESIGNEE LAWYER AND ALTERNATE DESIGNEE LAYWER Names: _____
 Address: _____

 Phone: _____
 E-Mail: _____

Have you notified your Designee Lawyer of your designation? _____ YES _____ NO
 If YES, has your Designee Lawyer consented to the designation? _____ YES _____ NO

WHO DO YOU AUTHORIZE TO HAVE ACCESS TO THIS REGISTRY INFORMATION?

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Designee Lawyer (mandatory)
<input type="checkbox"/>	<input type="checkbox"/>	Alternate Designee Lawyer (if applicable)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Monroe County Bar Association (mandatory)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Courts of the State of New York (mandatory)
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

SIGNATURE OF ATTORNEY:

DATED: _____ ATTORNEY SIGNATURE: _____

PRINTED NAME: _____

(Attorney hereby acknowledges submission of this document online shall constitute signature and consent)