

Succession Information Request Form

Notice and Acknowledgment

1. The Successor Attorney Online Registry Form is confidential and is for information purposes only.
2. The submission of this form to the State Bar of Wisconsin does not confer any legal rights or responsibilities upon you, the lawyer, the Successor Attorney, the State Bar of Wisconsin, or any other third party.
3. The State Bar of Wisconsin is not responsible for the accuracy of the information provided in response to this request.
4. A client of the Registering Attorney is not required or assumed to have the Successor Attorney as his/her new attorney.
5. Upon submitting this form to the State Bar of Wisconsin, you acknowledge that your request for information will be approved or denied by the State Bar of Wisconsin within 30 days of your request. A failure to provide Applicant Information or Certification and Signature shall be the basis for automatic denial.

Applicant Information

Full Name: _____ Are You A: **Client?** _____

Email Address: _____ **Attorney for former client?** _____

Mailing Address: _____ **Successor Attorney?** _____

_____ **Court?** _____

_____ **Other?** _____

Lawyer's Name for Whom Information is Sought

Full Name: _____ Law Firm (if any): _____

Member No.*: _____ Email address: _____

Mailing Address: _____ Phone Number(s): _____

*if known

Signature of Applicant

I, the Applicant, certify that the above Applicant Information is true and correct.

Date Signed

Signature

(Return to: 5302 Eastpark Blvd., Madison, WI 53707; successorinfo@wisbar.org)

FOR STATE BAR OF WISCONSIN USE ONLY

Request Approved: ____ Yes; ____ No. By Whom: _____. Date: _____.