



What If Preparedness Program

To Prepare Your Practice For Life's "What Ifs"

Cleveland Metropolitan Bar Association

1375 East 9th Street, Floor 2

Cleveland, Ohio 44114-1785

Phone: (216) 696-3525

Fax: (216) 696-2413

HELP US HELP YOU IN CASE OF AN EMERGENCY

Give us the name and contact information of a lawyer or administrative professional who could help with the distribution of files to your clients. When solo practitioners experience emergency situations and are unable to serve their clients, the clients will sometimes reach out to the CMBA for help. By providing the name and contact information of someone who is familiar with your practice, you are helping us put your clients in touch with a person who can quickly return their files and papers. It is our hope that we can prevent or minimize any harm from coming to your clients as a result of an emergency.

YOUR INFORMATION

Name _____

Registration Number _____

Office Address _____

Office Phone _____

E-mail _____

Signature _____ Date _____

CONTACT INFORMATION OF LAWYER OR ADMINISTRATIVE PROFESSIONAL WHO CAN PROVIDE ASSISTANCE

Name _____

Attorney Registration Number _____

Office Address _____

Office Phone _____

E-mail _____

This form does not create a legally binding agreement.

**Please return your completed form to Heather Zirke, Bar Counsel, at hzirke@clemetrobar.org.
Questions? Please call (216) 539-5971.**