

Plaintiff or Filing Attorney Information:

Name _____

NJ Attorney ID Number _____

Address _____

Telephone Number _____

IN RE THE APPOINTMENT OF AN
ATTORNEY-TRUSTEE TO PROTECT THE
INTERESTS OF CLIENTS OF AN ATTORNEY
AT LAW OF THE STATE OF NEW JERSEY

Superior Court of New Jersey
Law Division _____ County
Civil Part

Docket No _____

**Civil Action
Verified Petition for Appointment of
Attorney-Trustee (R. 1:20-19)**

1. I am an Attorney-at-Law in the State of New Jersey. I maintain offices for the practice of law at _____ . I am fully aware of the facts set forth in this petition.
2. _____ is/was an Attorney-at-Law in the State of New Jersey. He/she was admitted to the Bar in _____. He/she maintained an office for the practice of law at _____ .
3. *State present status of attorney, e.g. hospitalized, dead; disbarred; transferred to disability-inactive status; abandoned the law practice; cannot be located.* He/she has no partner, shareholder, executor, administrator or other responsible party capable of conducting his law practice. *Supply documentation supporting the status or how the status is known to you.*
4. I believe I am able to effectively and efficiently close out the practice because *(state why you believe this, e.g., familiarity with the types of cases, discussions with the disabled attorney).*
5. In order for me to sign Trust Account checks to conclude pending matters and to sign business account checks for office obligations, I am applying to be appointed attorney-trustee.
6. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Petitioner's Signature

Type or Print Petitioner's Name