

Information or instructions: ~~Withdrawal of attorney of record~~

PREVIEW

1. The following form allows the attorney of record to withdraw from representation of a client.
2. The following form assumes that the attorney desires to withdraw from the case because the client has not paid the attorney and has not cooperated.
3. The motion should be signed by the attorney and client; thereafter it should be presented to the court for signature.
4. In most jurisdictions, the client's signature on the form eliminates the need to hold a hearing on the matter.
5. If an attorney desires to withdraw from representing a client in a matter pending in the Court of Civil Appeals, there must be compliance with TRCP 420a.
6. The rule requires that the motion for leave to withdraw as counsel of record must be accompanied by a showing that a copy of the motion has been furnished to the party the attorney represents.
7. Furthermore, the notice must advise the party of any ensuing deadlines and settings in the cause. Alternatively, the motion may be sent with a written acceptance of employment by new counsel.

PLEASE DO NOT COPY

Information or instruction: ~~Letter to withdraw as attorney of record~~

THIS DOCUMENT

1. The following letter and motion may be used for a Motion to Withdraw as Attorney of Record.
2. It assumes that the client has not paid the applicable attorney fees and has failed to cooperate with the attorney in handling the case.
3. The letter advises the client of the fact that a Motion has been filed and the reason for filing of the Motion.
4. The Motion should be filed with the Court along with the accompanying Order.

THANK YOU

Form: Letter to withdraw as attorney of record

[Date]

[Client's name]

[Client's address]

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ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND

ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

PREVIEW

Regarding: A Motion to Withdraw as Your Attorney in [Case Name and number]

Dear [Client's salutation]:

Enclosed please find a Motion to Withdraw. We are filing this Motion in the above referenced cause to withdraw as your attorney of record for the following reasons:

1. You have failed to cooperate with our firm in providing the necessary facts and information we need to properly represent you.

2. You have failed to pay, despite written notice, our fees that are due and owing.

Per our agreement at the time this law firm was retained, it was agreed and understood that we would not be able to represent you if you:

1. Failed to cooperate with us; or,

2. Failed to pay our fees as agreed.

The Motion will be presented to the appropriate court on or about the [Date], at [time]. If you have any objections to the granting of this Motion to Withdraw, the objections must be made in writing and filed with the court on or before the hearing date. You may attend the hearing if you so desire.

THIS DOCUMENT

Sincerely yours,

[Attorney's name]

Information or instructions: Alternate form: letter to withdraw from representing a client

1. The following form may be used by an attorney to withdraw from representing his or her client.

2. The form does not specify a reason for the withdrawal; if the attorney desires to state his or her reason, simply insert the name in the form.

3. The letter assumes that the attorney shall waive any contingency interests that he or she held in the client's matter.

4. The form also advises the client of any statute of limitations deadlines.

Form: Alternate form: letter to withdraw from representing a client

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THANK YOU

[Date]
PREVIEW

[Client's name]
[Client's address]

**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND
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Dear [Client's salutation]:

Please be advised that my Law Firm and I are hereby withdrawing as your attorney in the above referenced claim.

Please pick up your entire file including all records and written summaries that you have provided to this law firm.

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To aid in your search for a new attorney, we hereby withdraw any claims that my firm or I may have had under our attorney fee agreement.

**IT IS RECOMMENDED THAT YOU CONTACT ANOTHER ATTORNEY OR THE
LAWYER'S REFERRAL SERVICE (TO LOCATE ANOTHER ATTORNEY),
IMMEDIATELY IF YOU WISH TO PROCEED WITH YOUR CLAIMS AGAINST THE
ABOVE MENTIONED PARTY [PARTIES].**

The information that you supplied to us indicates your claim arose on or about [date]. Pursuant to the laws of the State of Texas, if you wish to file a claim or lawsuit, you must do so within two (2) [or 4 years] years of the date the cause of action occurred. In this particular case, you must file a lawsuit on or before [Date].

THIS DOCUMENT

Naturally, we will cooperate with any new attorney you retain.

Sincerely yours,

[Attorney's name]

Information or instruction: Letter to withdraw from representing a client for failure to pay fees

THANK YOU

1. The following letter informs the client that the attorney shall not continue to represent the client unless the clients pays his or her legal fees.

2. The letter informs the client that the attorney will withdraw from representing the client ten days from the date of the letter.

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3. The attorney should ascertain the effect of his or her withdrawal and verify that he or she is not violating any court order or ethical considerations.

PREVIEW

Form: Letter to withdraw from representing a client for failure to pay fees

[Date]

[Client's name]

[Client's address]

ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION

Dear [Client's salutation]:

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Please be advised that your account has been outstanding for [period of time]. Accordingly, we cannot continue to perform any further work in view of the delinquent status of your account.

Therefore, please be advised that effective this date no further work will be performed on your behalf until your account is brought current.

If we have not heard from you within ten (10) days from the date stated above, we shall be forced to file a collection lawsuit against you for the full balance owed plus attorney's fees in litigating this matter and costs of court.

We hope that this action is not necessary; however, you must appreciate our position. We, too, have creditors that demand their payment.

THIS DOCUMENT

If you have any questions, please call me.

Very truly yours,

[Attorney's name]

THANK YOU

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Form: Motion to withdraw

PREVIEW

CAUSE NUMBER _____

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

[Court number]

vs.

[Name],
DEFENDANT

OF [NAME], COUNTY, TEXAS

MOTION TO WITHDRAW

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The law firm of [Name], [Attorney's name], attorney of record for [Name of client], the [plaintiff or defendant], asks the Court to permit [him or her] to withdraw as attorney of record.

1. The [Plaintiff or Defendant] has not cooperated with the undersigned attorney and has not paid the applicable attorney fees in this cause necessary to properly prepare and represent the [plaintiff or defendant].

2. Furthermore, it is in the best interest of the [plaintiff or defendant] for the undersigned attorney to withdraw.

3. The Address of Movant's client is [Address].

4. Movant's telephone number is [telephone number].

5. Attached to this motion as Exhibit "A" is a letter sent by counsel on [Date], to [Plaintiff or Defendant] at [his or her] last known Address, advising [him or her] that this Motion would be filed and that any objection to the granting of this Motion should be made to the court in writing before this hearing.

6. A copy of this Motion was enclosed with the letter.

PRAYER

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The law firm of _____, and [Attorney's name of record] ask the Court to be permitted to withdraw as attorney of record for [Name of client].

PREVIEW

Respectfully Submitted,

[Law Firm Name]

By _____

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[Attorney's name]
Attorney for [Plaintiff, Defendant or Movant]
[Attorney's Address]
[Telephone Number]
[Facsimile Number]
[Bar Card Number]

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing pleading or document has been served upon all attorneys of record and any parties who are not represented by an attorney on _____.

THIS DOCUMENT

Attorney for: _____ [Other attorney's client's name]
Attorney's name: [Other attorney's name]
Attorney's address [Other attorney's address]

Type of Service:

- ___ U.S. Mail, Certified Return Receipt Request No. _____.
- ___ U.S. Mail, First Class.
- ___ Hand delivery by [name of delivery service]: _____.
- ___ Facsimile transmission to _____ [fax number] before 5 p.m.

THANK YOU

[Attorney's signature]

CAUSE NUMBER **PREVIEW**

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

[Court number]

vs.
[Name],
DEFENDANT

OF [NAME], COUNTY, TEXAS

ORDER GRANTING MOTION TO WITHDRAW

On _____, the court considered [Movant's name]'s Motion to
PLEASE DO NOT COPY
Withdraw as attorney of record for [Client's name].

After considering the motion, the court decided that the request should be granted.

It is ORDERED that [Movant's name] be allowed to withdraw as attorney of record for
[Client's name].

Signed on _____.

THIS DOCUMENT
JUDGE PRESIDING

APPROVED AS TO FORM AND SUBSTANCE:

[Law Firm's or Attorney's Name]
Attorney for [Plaintiff or Defendant]
[Address]
[Telephone & facsimile numbers]
Texas Bar no. [Number]

THANK YOU

APPROVED AS TO FORM ONLY:

[Law Firm's or Attorney's Name]
Attorney for [Plaintiff or Defendant]
[Address]
[Telephone & facsimile numbers]
Texas Bar no. [Number]

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PREVIEW

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THIS DOCUMENT

THANK YOU

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