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## Designation of Attorney Surrogate

In the interest of client protection, all members of the Wyoming State Bar are encouraged to designate a surrogate. Rule 26(d) of the Wyoming Rules of Disciplinary Procedure provides:

- (d) Protective Appointment of Counsel. When an attorney has been transferred to disability inactive status; or when an attorney has become mentally or physically incapacitated and is unable to attend to his or her practice; or when an attorney has disappeared; or when an attorney has died; or when an attorney has been suspended or disbarred and there is evidence that the attorney has not complied with the provisions of Rule 21, and no partner, executor, or other responsible party capable of conducting the attorney's affairs is known to exist, a district judge in any judicial district in which the attorney maintained his office, upon the request of Bar Counsel, shall appoint legal counsel to inventory the files of the lawyer in question and to take any steps necessary to protect the interests of the attorney in question and the attorney's clients.
- (1) Counsel appointed pursuant to this rule shall not disclose any information contained in the files so inventoried without the consent of the client to whom such files relate, except as necessary to carry out the order of the court that appointed the counsel to make such inventory.
- (2) In protecting the best interests of the clients, any attorney or attorneys so appointed shall be immune from civil liability when his or her actions are performed in conformance with the Wyoming Rules of Professional Conduct.

Solo practitioner members of the Wyoming State Bar must be proactive! Decide ahead of time who your Attorney Surrogate will be, and the Bar will keep it on file.

PLEASE PRINT

I, \_\_\_\_\_, hereby designate \_\_\_\_\_  
as my Attorney Surrogate.

\_\_\_\_\_  
Surrogate Attorney Name

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Surrogate Attorney #

\_\_\_\_\_  
Attorney #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Surrogate Attorney Signature

\_\_\_\_\_  
Signature

Return completed form to [showshar@wyobc.org](mailto:showshar@wyobc.org) or return to address or fax number below.