

[Attorney Name or Law Firm Name]
[Address]
[City, State, Zip Code]

[Date]

[Client Name]
[Address]
[City, State, Zip Code]

Re: Notice of Withdrawal of Counsel - [Case Name and Docket Number]

Dear [Client Name],

Please be advised that due to medical incapacity, I am no longer able to continue my legal representation of you in the matter referenced above. Pursuant to the order issued by the [Name of Court] on [Date of Order], the court has formally approved my withdrawal as your attorney of record.

Effective immediately, I am no longer authorized to take any legal action on your behalf. To protect your legal rights, it is imperative that you retain new counsel as soon as possible. Upcoming deadlines in your case include:

- [Date]: [Description of Deadline/Hearing]
- [Date]: [Description of Deadline/Hearing]

Your complete legal file is available for pickup at [Location/Address] or can be forwarded to your new attorney upon receipt of a written authorization. If you do not have new counsel yet, the file will be sent to your home address via [Method of Delivery] by [Date].

Should you or your new attorney have questions regarding the transition of your file, please contact [Name of Assisting Attorney or Bar Receiver] at [Phone Number/Email].

Sincerely,

[Your Signature / Signature of Authorized Representative]
[Printed Name]

cc: [Opposing Counsel Name]
[Clerk of Court]