

## MUTUAL SEPARATION AGREEMENT AND RELEASE OF COUNSEL

**Date:** [Insert Date]

**Attorney/Law Firm:** [Insert Attorney Name/Firm Name]

**Client:** [Insert Client Name]

**Matter:** [Insert Case Name or File Number]

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This agreement confirms that [Attorney/Law Firm] and [Client] have mutually agreed to terminate their attorney-client relationship effective as of [Date].

**1. Termination of Services:** Both parties agree that the Attorney shall cease all legal representation of the Client regarding the above-referenced Matter. The Attorney will take no further action on behalf of the Client except as necessary to facilitate the transfer of the file.

**2. Status of Fees:** (Select one)

- The Client has paid all outstanding fees and costs in full.
- The parties agree that a final payment of \$[Amount] shall be paid by [Date] to satisfy all obligations.

**3. File Transfer:** The Attorney agrees to provide the Client or the Client's new counsel with the complete case file and all relevant documents within [Number] days of signing this agreement.

**4. Mutual Release:** To the extent permitted by law, both the Attorney and the Client release each other from any and all claims, demands, or liabilities arising out of the legal services provided prior to this date.

**5. Confidentiality:** The Attorney remains bound by professional rules of conduct regarding the confidentiality of information obtained during the representation.

**6. Governing Law:** This agreement is governed by the laws of the State of [Insert State].

The parties have read and understood this agreement and sign it voluntarily.

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[Attorney Name]

Date: [Insert Date]

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**[Client Name]**

Date: [Insert Date]