

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, CA 92101-6991

Debtor	*BANKRUPTCY NO.
Plaintiff	*ADVERSARY NO.
Defendant	

***Instructions:** File this form in **ONLY ONE** Bankruptcy or Adversary Case. The Court will update all other cases for the attorney in CM/ECF.

ATTORNEY CHANGE OF INFORMATION FORM

To the Clerk of the United States Bankruptcy Court,

The undersigned attorney represents to the Court the following change of information:

- | | |
|------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> new mailing address | <input type="checkbox"/> new street address |
| <input type="checkbox"/> change in firm association ¹ | <input type="checkbox"/> new telephone number |
| | <input type="checkbox"/> new e-mail address |

Updated Information

Name of Attorney _____

State Bar ID No. _____

Firm Name _____

Street Address _____

Mailing Address _____

City _____

State _____ ZIP CODE _____

Phone No. _____

E-Mail Address _____

Dated _____

(Signature of Attorney)

¹Substitution of Attorney required - see District Court Local Rule 83.3.f.