**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF CALIFORNIA

325 West F Street, San Diego, CA 92101-6991

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| --- | --- | --- |
|       | Debtor(s) | BANKRUPTCY NO.       |
|       | Plaintiff(s) | ADVERSARY NO.       |
|       | Defendant(s) |  |
| **Instructions:** | File this form in **ONLY ONE** Bankruptcy or Adversary Case.The Court will update all other cases for the attorney in CM/ECF. |  |

NON-CM/ECF ATTORNEY CHANGE OF INFORMATION FORM
(Registered CM/ECF Attorneys should make changes in **PACER** under “Manage my account”)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  | new street address |  | [ ]  | new mailing address |
| [ ]  | new telephone number |  | [ ]  | new e-mail address |
| [ ]  | change in firm association1 |  |  |  |

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.