## United States Bankruptcy Court Western District of NY Request for Attorney Address/Firm Change Instruction Sheet

#### **Section I:**

Section I must be completed. Print your name in the box. In Column A, print your former address and/or firm information. In Column B, print your new address and/or firm, your new phone number, fax number and email address, and the Effective Date of the new information.

#### **Section II:**

Section II is to be completed ONLY IF you are NOT requesting a transfer of cases. If you complete Section II your name/firm name/address etc.will be updated; no cases will be transferred/reassigned. If you do not sign Section II, your request to update information will not be processed. You will be notified by the Bankruptcy Clerk's office of this error.

### **Section III:**

- Section III is to be completed if you are requesting that cases be transferred/reassigned. In Column A, please list the Case Name and Case Number for each case remaining with the former firm, as well as the name of the new lead attorney.
- In Column B, please list the Case Name and Case Number for each case being transferred/reassigned to your new firm. If all cases are being transferred/reassigned, please check the box for "All Cases."
- Column C must be completed in full. It must be signed by both you as the attorney requesting the transfer (Requesting Attorney) and the attorney from the former firm consenting to the transfer ("Consenting Attorney.") If both signatures do not appear in Column C, the request to transfer cases will not be processed. You will be notified by the Bankruptcy Clerk's office of this error.
- Additionally, if the signature of the Requesting Attorney is missing, the change of address will not be processed. You will be notified by the Bankruptcy Clerk's office of this error.

#### **Additional Instructions:**

- If you need additional room for the list of cases, please continue on the Attachment page. Please note that signatures from both the Requesting Attorney and the Consenting Attorney will be needed on this page as well.
- To generate a complete list of all cases in which you are involved, go into CM/ECF, select Query, enter the "Last/Business Name" and "First Name" of Attorney, and for type, select "attorney."

or

Please return the completed Request form to :

United States Bankruptcy Court Western District of NY 300 Pearl Street, Suite 250 Buffalo, NY 14202 United States Bankruptcy Court Western District of NY 100 State Street Rochester, NY 14614

# United States Bankruptcy Court Western District of NY Request for Attorney Address/Firm Change

Section 1: Print Name below			
Column A ( Former address information )	Colur	Column B (New address information)	
Firm:	Firm	Firm:	
ldress: Address:		ress:	
	Phon	e:	
Fax:			
	Emai		
	Effec	tive Date:	
S4' <b>II</b> -			
Section II:	hia magnagt r	updates my name/firm name/address etc. ONLY.	
☐ 1 am not requesting a transfer of cases. 1	ms request t	ipuates my name/nrm name/address etc. ONL1.	
Date: Signature of Att	torney reque	esting change:	
Section III: CASE INFORMATION		·	
Column A: ( Case Name and Case Number )		Column B: ( Case Name and Case Number )	
(You must also include the name of the new lead attorney.)		☐ All cases.	
		+	
Column C:			
Date: Signature of Requesting Attorney :			
	<b>a</b> .c		
Date: Signature of Consenting Attorney:			

# **ATTACHMENT**

Please use this page if you have additional cases to add to Section III. Please be sure both attorneys sign on this page as well as on the first page.

## SECTION III - ATTACHMENT TO CASE INFORMATION

Column A: (Case Name and Case Number)	Column B: (Case Name and Case Number)		
(You must also include the name of the new lead attorney.)	□ All cases.		
Column C:			
Date: Signature of Requesting	Signature of Requesting Attorney:		
Date: Signature of Consenting	ng Attorney:		