

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

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## 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 <sup>1</sup> | <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)

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<sup>1</sup>Substitution of Attorney required - see District Court Local Rule 83.5(j).