

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

ATTORNEY REQUEST FOR CHANGE OF CONTACT INFORMATION IN ECF SYSTEM

This form is to be used only for a change of law firm, address, phone/fax number, and/or e-mail address of a Filing User of the CM/ECF System.

*** If you are leaving or changing law firms and you are an e-filer, you must also register online for a new CM/ECF account.** The e-filing account associated with the old firm will be deactivated and a new account will be created. No updates will be made to the e-filing account with the old firm. To re-register, click here: <https://ecf.nywb.uscourts.gov/AttorneyReg>

If there will be a substitution of attorney, you must use a "Consent to Substitute Attorney" form and meet the requirements of Local Rule 2091-1(B).

NAME OF ATTORNEY : _____

Former Name of Firm : _____

Former Address : _____

Former Phone # : _____

Former Fax # : _____

Former Primary E-mail : _____

NEW FIRM NAME: _____

NEW ADDRESS : _____

NEW PHONE # : _____

NEW FAX # : _____

NEW PRIMARY EMAIL : _____

I hereby authorize the Clerk's Office to make the necessary changes to update my CM/ECF user account with the new information, as indicated above. **I am not requesting a transfer of cases or seeking to substitute counsel.** **If I am leaving/changing firms(includes firm name change), I understand I must register online for a new CM/ECF account before the above changes will be made.**

_____ I am leaving/changing firms and I have registered online for a new CM/ECF e-filing account.

_____ I no longer need an e-filing account, please deactivate my account.

Effective Date

Attorney Signature