

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

**ATTORNEY REQUEST FOR CHANGE OF CONTACT INFORMATION**

This form is to be used only by attorneys exempt from electronic filing and only for a change of law firm, address, phone/fax number.

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 :  Self \_\_\_\_\_

Former Street Address : \_\_\_\_\_

Former City, State, Zip : \_\_\_\_\_

Former Phone # : \_\_\_\_\_

Former Fax # : \_\_\_\_\_

**NEW Firmname:**  Self \_\_\_\_\_

**NEW Street Address :** \_\_\_\_\_

**NEW City, State, Zip :** \_\_\_\_\_

**NEW Phone Number :** \_\_\_\_\_

**NEW Fax Number :** \_\_\_\_\_

I hereby authorize the Clerk's Office to make the necessary changes as indicated above. **I am not requesting a transfer of cases or seeking to substitute counsel.**

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Attorney Signature

**Submit the completed form, with a wet signature, in paper to: U.S. Bankruptcy Court, Robert H. Jackson  
U.S. Courthouse, 2 Niagara Square, Buffalo, NY 14202**