Request to Change Attorney Address in CM/ECF

Use this form <u>ONLY</u> to change an attorney address and contact information in the Court's CM/ECF records. <u>DO</u>
<u>NOT</u> use this form for a substitution of attorney, to file a notice of change of address, add a creditor or otherwise amend a bankruptcy schedule or list, to modify a creditor address or for any other request to change an address or contact information on file with the Court. <u>DO NOT</u> file this form in a bankruptcy case or adversary proceeding.

Send this completed form to helpdesk@canb.uscourts.gov or via regular mail to United States Bankruptcy Court, Attention: Helpdesk, 450 Golden Gate Avenue, Mail Box 36099, San Francisco CA 94102.

Attorney Name:	State 1	Bar Number:
Address and other contact information for the above-named attorney ECF account:		
Law Firm Name:	Attorney Name:	
Mailing Address:	Address: Telephone Number: Primary Email Address (required):	
	Secondary Email	Address (optional):
This change applies to the following bankruptcy case named attorney appears (check all that apply): All open bankruptcy cases and adversary proc	• •	ceedings in which the above-
All closed bankruptcy cases and adversary pro	oceedings	
Bankruptcy cases and adversary proceedings	filed after submission	on of this Request
The bankruptcy case(s) and adversary proceed	ling(s) listed here:	(attach additional sheet, if necessary)
Bankruptcy Case or Adversary Proceeding I	Name	Case or AP Number

By checking this box, I certify compliance with Bankruptcy Local Rule 2002-2, including all filing and service of a *Notice of Change of Address*. A list of each filed and served *Notice of Change of Address* by bankruptcy case and adversary proceeding name and number is attached.

This requested change(s) in CM/ECF will not be completed absent compliance with Bankruptcy Local Rule 2002-2.

Date: