

Change of Attorney Information Form

Attorney Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_ State of Bar Membership: \_\_\_\_\_

Reason for requested change:

Firm Name/Address has Changed (All attorneys associated with this firm should reflect change)

Change of Firm

Another Location of Existing Firm

Other: \_\_\_\_\_

Mailing/Billing Address:

This address is public record and will appear on the docket sheet of any cases the attorney has appeared. Please consider this when using a home address.

Business Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Email Address(es): \_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email this form to [iasd\\_attorneyreg@iasd.uscourts.gov](mailto:iasd_attorneyreg@iasd.uscourts.gov). You will receive confirmation once the change has been processed. Please note some of this information may be updated through 'utilities' in CM/ECF.