

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. You will receive confirmation once the change has been processed. Please note some of this information may be updated through 'utilities' in CM/ECF.