

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

REQUEST FOR CHANGE OF CONTACT INFORMATION IN ECF SYSTEM

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

Former Firm/Company Name: _____

Former address: _____

New Firm/Company Name: _____

New address: _____

Former Phone number: _____

New Phone number: _____

Former Fax number: _____

New Fax number: _____

Former Primary E-mail address: _____

New Primary E-mail address: _____

New Secondary E-mail address(es): _____

I hereby authorize the Clerk's Office to make the necessary changes to update my ECF user account with the new information, as indicated above. **I am not requesting a transfer of cases or seeking to substitute counsel.**

Effective Date

Signature (Print Name of Attorney)

Submit the completed, signed form in paper to: Clerk of Court; U.S. Bankruptcy Court, WDNY; Olympic Towers; 300 Pearl Street, Suite 250; Buffalo, New York 14202.