Request for Attorney Address Change

Please complete and return to address noted below. If you have accessed this form from our web site, you must print it out before completing.

Name:	
Old Address:	
New Address:	
Effective Date:	
Any special instructions or circumstances:	
your prior address and which should go w	case number, which of your cases should stay at ith you to your new address. If you do not give us terminated, we will not be able to process your sheet if necessary.)
	(Signature)
	(Date)

Return To: United States District Court, Western District of New York Operations Section 2 Niagara Square Buffalo, NY 14202