

ATTORNEY INFORMATION

FOR CHANGE OF ADDRESS ONLY, also provide old address in section 14 at the bottom of the page.

1. Attorney Name: _____
2. Attorney Address: _____

3. Attorney Phone #: _____
4. Attorney Fax #: _____
5. Attorney Bar #1: _____
6. Solo Practitioner or Firm (**circle one**)? **Solo** or **Firm**
7. Who should payments be made payable to (**circle one**)? **Firm** or **Attorney above**
8. If Firm, Attorney Bar #'s for any other Attorneys in your firm who will file Chapter 13 Cases:
Attorney Name #2: _____ Attorney Bar #2: _____
Attorney Name #3: _____ Attorney Bar #3: _____
Attorney Name #4: _____ Attorney Bar #4: _____
9. If firm, which attorney's signature and bar number should we use on pleadings we prepare for you (if not filled in, will use name in line 1/bar number in line 5)?
Attorney name: _____ Bar # _____
10. Attorney e-mail address: _____
11. Is attorney signed up for Electronic Case Filing (ECF) (**circle one**)? **Y** or **N**
12. CM/ECF E-mail Address (**if different than Line #10**): _____
13. If you would you like to sign up to receive Pre-Hearing Dockets via e-mail, which e-mail address would you like us to use (**circle one**)? Address in Line # **10** or **12**
14. Attorney Old Address: _____

Print Name: _____

Attorney
Signature: _____ Date: _____

Please fax completed document to 214-965-0754 or e-mail to pamela@dallasch13.com.