

**UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF MICHIGAN**

**Notice of Change of Firm Affiliation**

This form is to be utilized by attorneys participating in the Court's Case Management/ Electronic Case Filing (CM/ECF) system. The purpose of the form is to inform the court of an attorney's change of law firm. The form must be signed by both the attorney changing firms as well as a member of the former firm who can provide a new participant email address for noticing purposes of the cases to remain with the former firm. This form exists strictly for purposes of ensuring accurate CM/ECF noticing. Nothing herein shall be construed to alter the practice regarding the filing of a Notice of Substitution of Attorney in individual cases. Please email completed form and **two** attachments (noted below) to [ecfhelpdeskmiwb@miwb.uscourts.gov](mailto:ecfhelpdeskmiwb@miwb.uscourts.gov)

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Please be advised that effective \_\_\_\_\_, I \_\_\_\_\_,  
an attorney at law licensed to practice in the State of Michigan, and a certified CM/ECF Participant will no longer be associated with the \_\_\_\_\_ law firm. I will begin a new association with the following firm on \_\_\_\_\_, and ask that the court update its records accordingly.

New Law Firm: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

Due to the change above, I have attached to this form exhibits\* listing the cases that I will no longer be the attorney of record. The list of cases which will remain with the former firm will now be associated with

Attorney name: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**\*PLEASE NOTE:** the exhibit must be submitted in two formats: 1) PDF format where list contains the case number and debtor(s) name and 2) word processing format where list contains the case number only (please do not include judge's initials).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature (for former firm)