

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA**

**ATTORNEY NOTIFICATION
OF INACTIVE OR DECEASED STATUS**

DATE: _____

BAR NUMBER: _____

NAME: _____

FIRM: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Inactive Notification

Signature of Attorney _____

Deceased Notification

Signature and relationship to deceased attorney

Remarks: _____

Please return this form by mail to: U. S. District Court, Eastern District of Louisiana, 500 Poydras St.,
Room C-151, New Orleans, LA 70130, Attention: Attorney Info Clerk or by email to:
ECF_Registration@laed.uscourts.gov

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