

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

**ATTORNEY INFORMATION UPDATE SHEET**

DATE: \_\_\_\_\_

BAR NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Name Change

Inactive

Address Change

Deceased

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: [atty\\_info@laed.uscourts.gov](mailto:atty_info@laed.uscourts.gov).