



# Request of Change Attorney

## Applicant's Information

---

First Name	MI	Last Name
------------	----	-----------

Customer's Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email on File: \_\_\_\_\_

---

Contents Being Serve: \_\_\_\_\_

The Rate of service you paid to the current attorney: \_\_\_\_\_

Reason of why you would need to change attorney:

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

---

Member's Signature	Date: _____
--------------------	-------------

---

	Date: _____
--	-------------