

APPEARANCE

United States Bankruptcy Court

For the Northern District of Illinois

In re)
) Case No.
)
)

I, THE UNDERSIGNED, HEREBY FILE MY APPEARANCE AS ATTORNEY FOR

[Blank lines for case details]

Print Name on this Line Firm Name

Signature FIRM ID NUMBER:

ATTORNEY ID NUMBER Street Address

City State Zip

Telephone

Trial Attorneys*

Print Name

*Request is made for trial attorney to avoid possible conflicts in scheduling.

DATED:

TYPE OF DEFENSE COUNSEL:

CJA, RETAINED, SELF, NONE OTHER, PUB DEF

FOR OFFICE USE ONLY:

Party Code: P D TP