

UNITED STATES BANKRUPTCY COURT
Eastern District of Michigan

STATUS CONFERENCE ATTORNEY APPEARANCE CERTIFICATION FORM

CITY OF DETROIT – (_____)
Date

ATTORNEY INFORMATION

Name (P-number): _____

Name of Firm: _____

CLIENT(S) INFORMATION:

- | | |
|----|-------------|
| 1. | Name: _____ |
| 2. | Name: _____ |
| 3. | Name: _____ |
| 4. | Name: _____ |
| 5. | Name: _____ |

Date: _____

Signature

CERTIFICATION

I certify that the above-mentioned client's information is accurate and signing this document certifies that I am the attorney of record representing the named client(s).