

Filer's Name, Address, Phone, Fax, Email:



UNITED STATES BANKRUPTCY COURT  
DISTRICT OF HAWAII  
1132 Bishop Street, Suite 250  
Honolulu, Hawaii 96813

hib\_2091-1b (12/09)

Debtor:

Case No.:

Joint Debtor:  
(if any)

Chapter:

[If adversary proceeding, complete the information below. Use "et al." if multiple parties.]

Plaintiff(s):

Adversary Proceeding No.:

vs.

Defendant(s):

### NOTICE OF SUBSTITUTION OF COUNSEL

[Do not use if withdrawing and party will be unrepresented by counsel.]

NOTICE IS HEREBY GIVEN that the following substitution of counsel is made as of the effective date below.

Party represented:

Original Counsel / Address:

Substituting Counsel / Address:

Effective date of substitution:

/s/ \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature of Client                      Print Name                      Signature of Client                      Print Name

/s/ \_\_\_\_\_ /s/ \_\_\_\_\_  
Signature of Original Attorney                      Signature of Substituting Attorney

[ONLY if this requires court approval under LBR 2091-1, submit to chambers for judge to sign.]

APPROVED AND SO ORDERED: