

UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEW JERSEY



APPEARANCE SHEET

Each party appearing before the Court must complete this form in full and give it to the court recorder/reporter prior to the commencement of the calendar.

Contested Judge \_\_\_\_\_  
 Uncontested  
 Adjournment requested

Number on calendar: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Debtor: \_\_\_\_\_

Check if you are not represented by an attorney  \*

Case Number: \_\_\_\_\_ Adv. No.: \_\_\_\_\_

Appearing Attorney's Name: \_\_\_\_\_

Appearing Firm Name/Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Appearing For: \_\_\_\_\_

If you are coverage counsel, you must answer the following:  Client is aware of my appearance as coverage counsel;  Client is not aware;  I do not know.

Movant: \_\_\_\_\_ Respondent: \_\_\_\_\_

Plaintiff: \_\_\_\_\_ Defendant: \_\_\_\_\_

Witness (if applicable)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

\* If you are not represented by an attorney, please be sure to include your name and address on this form.