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
_____ Uncontested
_____ Adjournment requested

Judge Select Judge

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.**

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