



8. that the attorney has informed the client that the client may file an objection to this Motion to Withdraw within 14 days. If an objection is filed, the matter will be referred to the court.

Last known address, telephone number, and email of client:

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Telephone Numbers (home, work, and mobile)

\_\_\_\_\_  
Email

Dates of any future court proceedings or due dates of outstanding pleadings: \_\_\_\_\_

\_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

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**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) a true and accurate copy of the *Motion to Withdraw as Attorney of Record in the Appellate Court* was served on the client and all other counsel or parties of record by  Hand Delivery,  E-filed,  Faxed to this number \_\_\_\_\_ or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Your signature