

Needles® *The Customizable* Case Management Software for Law Firms

Change Request Form

In order to change the name or address of the firm, we require written authorization before we can formally change the information in the Needles program. This is for your protection and to ensure that you are aware of the request and that it is a legitimate one from someone authorized to make decisions on behalf of the firm.

Date

I, _____, hereby authorize Needles Case Management Software to change the following information in my Needles system and I am authorized to make decisions on behalf of the firm.

Signature

Printed Name

Position at the Firm

E-mail Address

Current Firm Information

To verify current information, Click on Utilities>Properties>Firm Address

Firm Name

Firm Address

City, State Zip Code

Phone Number

Changes to Firm Information

Please complete only those fields that are changing.

Firm Name

Firm Address

Phone Number

City, State Zip Code

Do not wish to change firm information. Would like to change only the Default Settings.