

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MICHIGAN

Case Management

CM / ECF

Electronic Case Files

REGISTRATION FORM – LIMITED PARTICIPANT ECF USER

This form shall be used to register for limited participation in the court's Electronic Case Filing System. A limited participant ECF User may file proofs of claim, requests for notices, withdrawals or transfers of claim and reaffirmation agreements documents electronically with the court through the internet in accordance with the CM/ECF administrative procedures adopted by the court.

Name: _____

Bar ID and State(s) of Admission (if applicable): _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Please check the appropriate box: Creditor (non-attorney) Attorney

I waive e-mail receipt of notices of electronic filing (*applies to Attorneys only*). Yes No

By signing and submitting this registration form, I agree to the following:

1. I will abide by all orders, rules, and administrative procedures governing the use of my login and password and the electronic filing of documents in the CM/ECF system of the United States Bankruptcy Court for the Western District of Michigan.
2. I understand that the use of my password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon documents filed by use of the password obtained pursuant to this registration (password), for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of

Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable non bankruptcy law.

3. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of **five years** after the case or proceeding in which the documents have been filed has been closed.
4. I understand that it is my responsibility to protect and secure the confidentiality of my password and that if I allow my password to be used by anyone other than myself that I do so at my own risk. If I believe that my password has been compromised, it is my responsibility to notify the court immediately.
5. I understand that it is my responsibility to notify the court, immediately, of any changes in my address, telephone number, fax number, or e-mail address.
6. I understand that as a creditor filer (non-attorney) I will not receive e-mail receipt of electronic filings.
7. Documents being filed electronically shall be served as required by applicable rules.
8. I am an attorney admitted to practice in the Western District of Michigan. Date of Admission (if admitted pro hac vice, please include Bankruptcy case number): _____
(applies to attorneys only).
9. In accordance with 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing information is true and correct.

Executed on: _____

Applicant's Signature

Please return original to:

U. S. Bankruptcy Court
Attn: CM/ECF Project Team
One Division NW, RM 200
Grand Rapids, MI 49503

FOR COURT USE ONLY:

Date received: _____

Date access assigned: _____

Prid #: _____