

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS

ELECTRONIC CASE FILING SYSTEM ATTORNEY REGISTRATION FORM

NA	ME:			
ADDRESS:				
CI	ΓY, STATE, ZIP CODE:			
PHONE: FAX				
PR	IMARY E-MAIL ADDRESS:			
ST	ATE BAR ID:	STATE OF		
1.	I understand that use of the password to be obtained pursuant to this Application (my password) to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any petitions, schedules, statements, matrices, declarations, verifications, pleadings or other papers or documents filed by use of my 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.			
2.	I understand and acknowledge my obligation to transmit to the Bankruptcy Court the "Declaration For Electronic Filing" as required by Appendix 5005 to the Local Rules of Bankruptcy Procedure which establishes the "Administrative Procedures for the Filing, Signing and Verifying of Documents by Electronic Means".			
3.	I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the Court immediately.			
4.	I agree to abide by all of the rules and regulations pertaining to the filing, signing and verifying of documents by electronic means as expressed in the Local Rules of Bankruptcy Procedure and any appendix thereto, as such may be amended from time to time.			
5.				
6.	certify that I will pay by credit card over the Internet for any fees incurred, as instructed in the On-Line Credit Card Payment Guide.		Credit Card	
7. 8.	I understand that I must already have a valid PACER account. I understand that, as a minimum in my ECF Account, I must:			
	a. maintain a valid primary e-mail addressb. elect to receive Notices of Electronic Filing, indi	ividually or in summary, via e-mail in cases in which	I am involved	
I c	equest that the U.S. Bankruptcy Court, Easter, an use the Court's Electronic Case Filing Systicates that I have read and understand the requirements.	stem (CM/ECF). My signature on this regis		
ΑΊ	TORNEY SIGNATURE	DATE		
CLI	CLERK'S OFFICE USE ONLY			

by _____ WORK REVIEW DATE:____

INITIAL PASSWORD_

TRAINING DATE:___

Send completed registration to any one of these addresses:

United States Bankruptcy Court Suite 300B 660 North Central Expressway Plano, Texas 75074

United States Bankruptcy Court Suite 100 300 Willow Street Beaumont, Texas 77701

United States Bankruptcy Court 9th Floor 110 North College Ave Tyler, Texas 75702