

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA**

**ELECTRONIC CASE FILING SYSTEM
ATTORNEY/PARTICIPANT REGISTRATION FORM**

This form shall be used to register to be a User of the court's Electronic Filing System. Registered attorneys and other participants will have privileges both to electronically submitted documents and to view and retrieve docket sheets and documents for all cases assigned to the Electronic Case Filing System.

For accuracy, please e-mail or print legibly the following required information for CM/ECF registration: (Incomplete or illegible forms will be returned)

First/Middle/Last Name: _____

Bar ID Number: _____

State of Admission: _____

Firm Name: _____

Firm Address: _____

Firm EIN: _____

Phone Number: _____

E-Mail Address: _____

User Role: Attorney Claim's Agent Trustee Government Attorney

The following are listed the BANKRUPTCY Federal Courts, and dates of registration where I am a registered ECF filer: _____

By signing and submitting this registration form, the undersigned agrees to abide by the following rules:

1. Pursuant to Federal Rule of Bankruptcy Procedure 9011 every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record and that signature shall be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ John Doe" on the signature line. My password constitutes my signature.

2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity.
4. I will contact the CM/ECF Help Desk to report any suspected compromise of my password.
5. I consent to accept e-mail service in lieu of service of a paper copy of the document whenever service on the attorney is required . In so doing, I agree to maintain a current and active e-mail address to receive notification in CM/ECF.
6. I will abide by all of the requirements set forth in the Administrative Procedures for filing, signing, retaining and verification of pleadings and papers in the CM/ECF system and any changes or additions that may be made later.

Applicant Name (please print)

Last (4) digits of Social Security Number

Applicant Signature

Please return to :

U.S. BANKRUPTCY COURT
Attention: Dottie Clevenger
P.O. Box 44978
Indianapolis, IN 46244

or e-mail to:

dottie_clevenger@insb.uscourts.gov