IMPORTANT!

REGISTRATION INSTRUCTIONS COVER SHEET

This form may be submitted in two ways:

1. **DO NOT CLICK THE "Email Form" button. Instead, print the form, sign it in ink, scan and save as a pdf, then email to:**

   ecf_registration@insb.uscourts.gov

2. **Or click "Email Form" to submit the *unsigned* form electronically. Follow up by printing the form, signing it in ink, AND then mailing the completed registration form to:**

   US Bankruptcy Court
   Attn: ECF Registration
   116 U.S. Courthouse
   46 East Ohio Street
   Indianapolis, IN 46204

(NOTE: If the registration with original signature is not received within 2 weeks of our receipt of *this* form, your account will be locked until the registration with an original signature is received.)

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana

ELECTRONIC CASE FILING (ECF) SYSTEM
ATTORNEY REGISTRATION FORM AND AGREEMENT

This form shall be used by attorneys to register for an account on the Court's Electronic Case Filing System. Registered attorneys will have privileges to file documents electronically and to receive electronic notification of all pleadings filed in cases in which they are involved.

The following information is required for registration: ***(Incomplete or illegible forms will be returned.)***

First/Middle/Last Name: _____

Bar ID Number: _____

State of Admission: _____

Firm Name: _____

_____

Firm Address: _____

_____

City/State/Zip Code: _____

Telephone: _____

FAX: _____

Primary E-Mail Address: _____

Report the basis under which the attorney is permitted to practice law in the United States District Court for the Southern District of Indiana (check one): **[Admission to the District Court is required to practice in the Bankruptcy Court.]**

☐ Admitted in INSD ☐ *pro hac vice* ☐ Attorney for Federal Agency

Each applicant is required to receive training on CM/ECF prior to activation of an account. The training requirement may be waived if the applicant has received CM/ECF training from another federal bankruptcy court using CM/ECF. If a waiver is requested, please check the box and then provide the date and name of the Court where the applicant received training.

☐ Waiver of the training requirement is requested.

Bankruptcy Court
Where Trained: Date of Training:

_____ _____

My signature below reflects that I have read and agree to the statements contained in the CM/ECF Attorney Agreement attached and any future requirements of the Court with respect to my electronic filing privileges.

_____ _____

Date Signature of Applicant

_____

Printed Name of Applicant

Email Form Print Form

CM/ECF ATTORNEY AGREEMENT

[NOTE: Detach and retain this Agreement before mailing signed Application (first two pages of this form) to the Court.]

By signing and submitting this registration form, the undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The undersigned also agrees to the following terms:

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; or if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's user ID and password serve, in part, as the attorney's signature. Therefore, an attorney must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney to immediately notify the Court (through the CM/ECF Help Desk). The Court will delete that password from the system and issue a new password.

2. The attorney's signature on any electronically filed pleading shall be indicated by "/s/" and the typewritten name where the handwritten signature would otherwise appear, i.e. "/s/ John Doe." (A scanned "wet signature," as that term is defined in the Court's Electronic Case Filing Administrative Policies and Procedures Manual, is also acceptable on an electronically filed document.)

3. The user ID and password for filing via the Internet shall be used exclusively by the attorney and any authorized employees. The attorney will not knowingly permit the user ID and password to be used by anyone who is not so authorized.

4. The attorney will select and activate a new password in CM/ECF if an employee of the attorney who has been authorized to use the attorney's user ID and password no longer serves in such a capacity.

5. The undersigned consents to accept e-mail service in lieu of service of a paper copy of the document whenever service on the attorney is required. The undersigned agrees to maintain a current and active e-mail address to receive notification in CM/ECF. An attorney's registration will not operate as consent to accept service of documents or orders in actions in which such attorney has not entered an appearance. An attorney's registration will constitute a waiver in law only of conventional service of electronically filed documents and orders. The attorney agrees to accept, on behalf of the client, service of notice of the electronic filing by hand, facsimile, or authorized e-mail.

6. The undersigned affirms under the penalty of perjury that the applicant is authorized to practice law in the state indicated above and is either a member of the bar of the United States District Court for the Southern District of Indiana or has been admitted to *pro hac vice* appear in a matter pending before this Court.

7. These terms are supplemented by the Court's Electronic Case Filing Administrative Policies and Procedures Manual.