

U.S. Bankruptcy Court - Middle District of Alabama
CM/ECF Account Request Form
PLEASE PRINT CLEARLY

DATE:

FIRST NAME: MIDDLE INITIAL: LAST NAME:

TITLE:

USER TYPE: Attorney-Requires that a completed Credit Card Collection Authorization Form is submitted to Court.
 Creditor-Limited access which does not require Credit Card on file with the Court.

OFFICE:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE: FAX:

BAR ID:

Email Notification Setup Options

PRIMARY EMAIL ADDRESS:

ADDITIONAL EMAIL ADDRESSES:

HOW DO YOU WANT TO BE NOTICED?
(check only one option): NOTICE FOR EACH FILING
 DAILY SUMMARY REPORT

Additional Accounts For Staff

MY SIGNATURE BELOW APPROVES THAT THE FOLLOWING ADDITIONAL CM/ECF ACCOUNTS SHOULD BE CREATED FOR MY STAFF.

ATTORNEY SIGNATURE:

STAFF INITIALS FOR ADDTL CM/ECF ACCOUNTS:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Official Use Only

Date verified CC on file: Staff Initial:

Date verified multiple PRID: Staff Initial:

Comments:

**UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF ALABAMA
LIMITED PARTICIPANT REGISTRATION FORM
Case Management/Electronic Case Filing (CM/ECF)**

This form, in conjunction with the CM/ECF Account Request Form, is used to register for LIMITED access for filing documents electronically via the CM/ECF system. A registered participant will have a LIMITED privilege to file proofs of claim using CM/ECF with the Clerk’s Office of the U.S. Bankruptcy Court for the Middle District of Alabama if some form of training has been successfully completed. The following information is required for CM/ECF registration (Please write legibly):

Last Name: _____

First Name: _____ **Middle Initial:** _____

Company/Firm Name: _____

REQUIRED: I certify that I have completed at least ONE of the following:

- CM/ECF training seminar. Date: _____ Court/Location: _____
- Read and completely understand the training materials found on the court’s website.
- I am a certified ECF user in another U.S. Bankruptcy Court - Name of Court: _____

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

1. Signatures on proofs of claim shall be indicated by “s/” and the typed name of the person signing in the following format: “s/ Jane Smith” 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 immediately contact the CM/ECF Help Desk at 334-954-3800 to report any suspected compromise of my password.
5. I will receive service of documents and any docket activity electronically pursuant to FRBP 7005, where service of documents is otherwise permitted by first class mail. In doing so, I agree to maintain a current and active email address to receive notification in CM/ECF.
6. Rule 9011 of the Federal Rules of Bankruptcy Procedure and Official Form 10 require that every proof of claim be signed by the person authorized to submit the proof of claim for filing (“**Responsible Person**”). I understand that I must attach a completed form **ALMB-ECF-04** (Declaration re: Electronic Filing of Documents) when submitting the proof of claim. Completing and attaching this form will ensure that the court will have an image of the “**Responsible Person’s**” signature. The form may be attached separately or be the last page of the proof of claim.
7. I will attach copies of supporting documents to the proof of claim but if the documentation contains more than 15 pages, then I will attach summaries. ****Note: The court encourages creditors to file with the proof of claim only those attachments that are necessary to show the basis for the claim and the basis for any secured claim.
8. I will abide by all of the requirements set forth in the “Administrative Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers in the Case Management/Electronic Case Filing (CM/ECF) System” in effect (which includes the current version and any changes or addition that may be made to it).

Applicant Name (please type)

Applicant Signature

**Please fax this form to (334) 954-3819 Attn: CM/ECF Account Request OR
Mail to: U.S. Bankruptcy Court, Attn: ECF Account Request, P.O. Box 1248, Montgomery, AL 36102-1248**