

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA**
Application for Attorney Staff Sub-Password for ECF System
Please CLEARLY PRINT your responses

I, _____, am employed by _____, who is my supervising attorney. I agree that by submitting this application and receiving a sub-password under the master password of my supervising attorney, I will adhere to the Court's order authorizing electronic case filing, and supplements and/or amendments thereto and the rules promulgated for the Court's ELECTRONIC CASE FILING (ECF) SYSTEM. I am providing the following information as a condition of receiving my login and password.

Attorney Staff Applicant Information	
Staff Member Name: _____	Staff Member Social Security #: _____
Supervising Attorney Name: _____	Attorney Bar ID #: _____
Law Firm Name: _____	
Firm Address: _____ _____	
Telephone #: _____	FAX #: _____
Internet E-Mail address: _____	
Location of Northern District of Indiana ECF Training (<i>please check appropriate box</i>):	
South Bend ___	Fort Wayne ___
Hammond ___	Lafayette ___
Date I completed ECF Training: _____	
The following is a listing of the other federal courts, and dates of registration where I am registered as an ECF user:	

I have read, understand and will follow the Court's ECF System rules:

1. I will employ the ECF System for all cases I submit for filing in the United States Bankruptcy Court for the Northern District of Indiana on behalf of my supervising attorney.
2. I will meet all hardware and software requirements promulgated by the Court for ECF System use. I understand that as of September 2002, the minimum requirements for filing documents are: a personal computer running a standard platform (Windows 95, 98, NT, 2000, XP, Macintosh), an Internet service provider, Netscape Navigator 4.7 or higher, Microsoft Internet Explorer 5.5 or higher, Adobe Acrobat 4.0 or higher to convert wordprocessor format documents to portable document format (PDF) and/or a document scanner. I understand these hardware and software requirements may change over time, and I will periodically check with the Court for current requirements.

3. I understand that the use of my login and sub-password for filing documents constitutes the signature of my supervising attorney for all purposes, including Rule 9011 of the Federal Rules of Bankruptcy Procedure, on the document submitted, whether or not my supervising attorney has physically signed the document. If I submit a document for another party, I understand it is my responsibility to maintain a copy of that document bearing the signer's original signature for the length of time required by the Court, and that the failure to do so may subject me and my supervising attorney to sanctions.
4. I agree to protect and secure the confidentiality of my sub-password. If I have reason to believe that my sub-password has been compromised, it is my responsibility to immediately notify my supervising attorney and the Court, in writing. Moreover, it is also my responsibility to immediately inform the Court of any change in my firm affiliation, my supervising attorney, address, telephone, fax or E-Mail address.
5. I understand that the issuance of a login and sub-password to me constitutes a waiver of conventional service for my supervising attorney pursuant to the Court's ECF order. I agree to accept a Notice of Electronic Filing by authorized E-Mail on behalf of my supervising attorney in lieu of conventional service. I agree to receive all notices by electronic transmission and that this application constitutes my written request to receive electronic notices as called for in Rule 9036 of the Federal Rule of Bankruptcy Procedure. Moreover, I will use the automatic E-Mail notification feature of the ECF System as the primary means of service.
6. I understand that in cases where service of documents filed electronically is required to be made on the United States and its agencies, corporations or officers, full compliance with Rules 2002(j) and 7004(b)(4), (5) and (6) of the Federal Rules of Bankruptcy Procedure is required.
7. I will promptly pay all filing and other required Court fees by means of the procedure established by the Court for this purpose.
8. I agree to adhere to all Court procedures for the ECF System. I understand it is my responsibility to learn and use all updates to the ECF procedures.

Date: _____

Applicant Signature

Supervising Attorney Signature

Please return to:

Michael Stewart, ECF Project Manager
Attn: ECF System Registration
United States Bankruptcy Court
P.O. Box 7003
South Bend, Indiana 46634-7003

Official Use Only

Date Received	
Information verification	
Registration verification	
Systems verification	
Initial system login and password	
Financial verification	
ECFPM final review	
Document #	