

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
CM/ECF

Training Waiver to Obtain Login/Password

(For the Experienced CM/ECF User)

Name: _____

Address: _____

Phone # _____ E-Mail Address _____

BAR ID# _____

1. I affirm that I am admitted to practice in the United States Courts for the District of Maryland and that the information set forth above is true and correct.

2. 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, matrixes, 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.

3. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period after the case or proceeding in which the documents have been filed has been closed.

4. 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 in writing, immediately.

5. I agree to adhere to court procedures for the Electronic Case Filing System. I have read and am aware of local bankruptcy rules and procedures for the District of Maryland.

I am currently filing bankruptcy cases electronically in the district of _____ and therefore waive attending CM/ECF training in order to receive my login/password. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures.

_____ *I am requesting additional log-ins/passwords for my office in order to process bankruptcy cases under electronic case filing for the U.S. Bankruptcy Court for the District of Maryland.*

Number of log-ins/passwords requested: _____

Attorney/Trustee Signature: _____ *Date:* _____

Please return as a pdf to: ecf@mdb.uscourts.gov. Your log-in(s)/password(s) will be e-mailed to the address listed at the top of this form.

