

Electronic Filing Training Form

(Please type)

Name _____

First/Middle/Last

State Bar # _____ State _____

Firm Name _____

Firm Address _____

City, State, Zip _____

Email Address _____

Telephone Number _____ Fax Number _____

(Include area code)

(Include area code)

Please indicate the type of training you need:

____ Filing documents ____ Opening Cases or Adversary Proceedings ____ Both

1. Number of staff members (including yourself) you anticipate being trained _____

2. Do you have Netscape 4.0 or higher installed? _____

3. Do you have Adobe Acrobat Exchange installed? _____

4. Do you have a Mac or Windows based bankruptcy forms package installed? _____

5. Name of bankruptcy forms package software _____

6. Name of word processing software _____

7. Are your computers equipped with cdrom? _____

8. Do you have a scanner? _____

Please return form to:

Attn: Registration

United States Bankruptcy Court

200 United States Courthouse

316 N. Robert Street

St. Paul, Minnesota 55101

Fax Number: 651-848-1098

E-mail: ersmail@mn.uscourts.gov