

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEBRASKA

**APPLICATION FOR LIMITED USE/CLAIM PASSWORD
FOR ELECTRONIC CASE FILING SYSTEM**

NAME: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

BAR ID # (if applicable): _____ STATE OF _____

1. **Pro Hac Vice Application:** I affirm that I am admitted to practice in the United States Courts for the _____ District of _____ (applicable state) and that the information set forth above is true and correct.
2. **Claims or Other Limited Use Application:** I affirm that I am authorized to prepare and file Proofs of Claim on behalf of _____, and/or I am authorized to prepare and file Notice(s) of Appearance on behalf of _____, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of _____.
3. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any declarations, verifications, proofs of claim, notices of appearance, assignments of claims, reaffirmation agreements, or other papers or documents filed by use of the password obtained pursuant to this Application (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.
4. 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 of four years after the case or proceeding in which the papers are files has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password.

