

**United States Bankruptcy Court
Western District of Wisconsin**

Application for Limited Use/Claim Password
for Electronic Case Filing System

USER INFORMATION:

NAME:

ADDRESS:

PHONE #:

FAX #:

E-MAIL ADDRESS:

BAR ID# (if applicable):

STATE OF:

Information regarding prior experience/training with CM/ECF in another jurisdiction (complete only if applicable).

COURT NAME:

ADDRESS:

PHONE NUMBER:

CONTACT PERSON (for verification of participant status):

The Bankruptcy Court for the Western District of Wisconsin reserves the right to require onsite training in the use of the CM/ECF system prior to the issuance of a user login and password to any prospective participant.

1. **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 (or Creditor's Requests for Notice) on behalf of _____, and/or that I am authorized to prepare and file Withdrawals and/or Transfers of Claim on behalf of _____, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of _____.

2. 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, creditor requests for notice, notices of appearance, assignments of claims, reaffirmation agreements, or proofs of claim or other papers involving a child support creditor, 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.

3. 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.
4. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
5. I understand that I must abide by the most recent set of Administrative Procedures for Electronic Case Filing promulgated by the Court.

Please return to:

**U.S. Bankruptcy Court
Western District of Wisconsin
120 N. Henry Street, Room 340
P. O Box 548
Madison, WI 53701**

Applicant Signature

Date

FOR OFFICE USE ONLY:

APPROVED BY:

PASSWORD #

DATE: