

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA**

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM
LIMITED PARTICIPANT REGISTRATION FORM**

Live System

This form is to be used to register for LIMITED FILING PRIVILEGES for filing documents via the Internet component of the Case Management/Electronic Case Filing system (hereafter CM/ECF), in the United States Bankruptcy Court for the Eastern District of Virginia. Limited filing privileges shall include the authorization to file proofs of claim via the Internet with the Clerk's Office. Additional privileges may be added at the discretion of the Clerk.

The following information is required for CM/ECF registration:

Name (First, Middle, Last): _____

Agency/Company _____

Mailing Address: _____

Voice Phone Number: () _____

E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Signatures on proofs of claim and, if authorized by the Clerk, notices of appearance and/or requests for service/notice and notices of transfer of claims, shall be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ Jane Smith" on the signature line. My password constitutes my signature.

2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.

3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity.
4. I will report any suspected compromise of my password to the Training Contact at the appropriate Divisional Office of the Virginia Eastern Bankruptcy Court.
5. Except as specifically waived by me at paragraph 6 below, I will abide by all of the requirements set forth in the "Administrative Procedures for Filing, Signing, Retaining and Verification of Pleadings and Papers in the Case Management/Electronic Case Filing (CM/ECF) System" currently in effect, and any changes or additions that later may be made.
6. Waiver from Receiving E-Mail Notifications.

I waive service of documents and docket activity electronically.

Applicant Name (*please print*)

Applicant Signature

Last 4 Digits of SS # (*for security purposes*)

Deputy Clerk Of USBC
(*to be signed upon receipt of application*)

Mail or deliver this completed form to our Richmond divisional office:

U.S. Bankruptcy Court
Attn: ACC Team
1100 East Main Street, Suite 301
Richmond VA 23219