



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TEXAS

ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ FAX _____

PRIMARY E-MAIL ADDRESS: _____

STATE BAR ID: _____ STATE OF _____

1. I affirm that I am admitted to practice in the United States Courts for the Eastern District of Texas 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 and acknowledge my obligation to transmit to the Bankruptcy Court the "Declaration For Electronically Filing" as required by Appendix 5005: Administrative Procedures for the Filing, Signing and Verifying of Documents by Electronic Means of the Local Rules of the Bankruptcy Court.
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 immediately.
5. I agree to abide by all of the rules and regulations in the Local Rules of Bankruptcy Procedure, Administrative Procedures for Filing, Signing, and Verifying Pleadings and Papers by Electronic Means and any General Orders currently in effect, and any changes or additions that may be made to these procedures in the future.
6. I certify that I will pay by credit card over the Internet for any fees incurred, as instructed in the On-Line Credit Card Payment Guide.
7. I understand that I must already have a valid PACER account.
8. I understand that, as a minimum in my ECF Account, I must:
 - a. maintain a valid primary e-mail address
 - b. elect to receive Notices of Electronic Filing, individually or in summary, via e-mail in cases in which I am involved

I request that the U.S. Bankruptcy Court, Eastern District of Texas, issue me a login and password so that I can use the Court's Electronic Case Filing System (CM/ECF). My signature on this registration form indicates that I have read and understand the requirements stated herein.

ATTORNEY SIGNATURE

DATE

CLERK'S OFFICE USE ONLY	
TRAINING DATE: _____	by _____ WORK REVIEW DATE: _____
by _____	
INITIAL ACCESS INFORMATION: LOGIN _____	INITIAL PASSWORD _____