

United States Bankruptcy Court
Southern District of Illinois

Case Management/Electronic Case Files
Attorney Registration Form
Live System

This form will be used to establish an account with the Court's Case Management/Electronic Case Files (CM/ECF) system. Only registered participants will be able to electronically view, file and retrieve documents in the Court's electronic files.

First/Middle/Last Name: _____

Last four digits of Social Security Number: _____

Attorney Bar #: _____ State: _____

Firm/Company Name: _____

Address: _____

City _____ State _____ Zip Code _____

Voice Phone Number: _____

FAX Phone Number: _____

Internet E-Mail Address: _____

Send Notice to These Additional E-Mail Address(es): _____

Send Electronic Notice (check one): _____ Each Filing _____ End of Day Summary

Do you have a CM/ECF login with other district(s): _____ Yes _____ No

If so, indicate which district(s): _____

Indicate the type of login you require:

_____ Debtor's attorney _____ Creditor's attorney

By submitting this registration form, the undersigned agrees to abide by the following requirements and rules:

1. This system is for use only in cases electronically maintained by the U.S. Bankruptcy Court for the Southern District of Illinois. It may be used to file, view and retrieve documents, docket sheets, and notices.
2. At this time, the requirements for filing, viewing, and retrieving case documents are: a personal computer (486 Minimum) running a standard platform such as Windows XP, Windows 2000 or Macintosh, an Internet provider using Point to Point Protocol (PPP), Internet Explorer 7 or

higher, and Adobe Acrobat Writer version 4.0 or higher software to convert documents from a word processor format to portable document format (PDF).

3. Pursuant to Federal Rule of Civil Procedure 11 and Federal Rule of Bankruptcy Procedure 9011, every petition, pleading, motion, and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's password issued by the court combined with the user's identification, serves as and constitutes the attorney's signature. Therefore, an attorney must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney to immediately notify the court.
4. I hereby acknowledge that any applicable fees required in conjunction with filings will be paid using a credit card via the Internet directly to the U.S. Treasury through the Pay.gov payment module in CM/ECF.
5. Registration shall constitute a request and an agreement to receive service of pleadings and other papers electronically pursuant to Federal Rules of Bankruptcy Procedure 9036 and 9022, where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
6. In compliance with Federal Rule of Bankruptcy Procedure 9037, I understand that **no** personal or privacy identifiers, i.e., individual's full social security number or taxpayer-identification number, full birth date, names of minors and financial account numbers, are to be included in any pleading, motion or other paper filed with the court. Failure to comply with this policy could result in the removal of electronic filing privileges.
7. The undersigned attorney agrees to abide by the Local Rules of the Bankruptcy Court for the Southern District of Illinois and the Court's Electronic Filing Rules, and all technical and procedural requirements set forth therein, and any changes or additions that later may be made. The attorney understands that the court may revoke an attorney's login and password and, therefore, authority and ability to electronically file documents for cause, including failure to comply with any provisions of this agreement.

Please return to: U.S. Bankruptcy Court
 ATTN: CM/ECF Registration
 750 Missouri Avenue
 East St. Louis, Illinois 62201
 or
 Fax: (618) 482-9417

Applicant Signature

Initial of First and Last Name/Last 4 digits of SS#