

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
Application for Attorney Password for ECF System
Please **CLEARLY PRINT** your responses

I, _____, agree that by submitting this application and receiving a password, I agree to adhere to the court's order authorizing electronic case filing, and supplements and/or amendments thereto and the rules promulgated for the court's ELECTRONIC CASE FILING (ECF) SYSTEM. I also agree that I will adopt and follow the procedures specified by the Clerk of the Court for payment of required fees by means of a credit card. Accompanying this Application for Attorney Password is a Credit Card Authorization form. I am providing the following information as a condition of receiving my login and password.

Attorney Applicant Information	
Social Security #: _____	Bar ID #: _____ State: _____
Firm Name: _____	
Firm Federal Tax ID #: _____	
Address: _____	
Telephone #: _____ FAX #: _____	
Internet E-Mail Address for Service: _____	
Location of Northern District of Indiana ECF Training (please check one):	
South Bend ___ Fort Wayne ___ Hammond ___ Lafayette ___	
Date Northern District of Indiana ECF Training Completed: _____	
The following is a listing of the other federal courts, and dates of registration where I am registered as an ECF filer:	

Are you admitted to practice law before the United States District Court for the Northern District of Indiana? Yes ___ No ___	

I have read, understand and will follow the court's ECF System rules:

1. I will employ the ECF System for all cases filed in the United States Bankruptcy Court for the Northern District of Indiana.
2. I will meet all hardware and software requirements promulgated by the court for ECF System use. I understand that as of September 2002, the minimum requirements for filing documents are: a personal computer running a standard platform (Windows 95, 98, NT, 2000, XP, Macintosh), an Internet service provider, Netscape Navigator 4.7 or higher, Microsoft Internet Explorer 5.5 or higher, Adobe Acrobat 4.0 or higher to convert wordprocessor format documents to portable document format (PDF) and/or a document scanner. I understand these hardware and software requirements may change over time, and I will periodically check with the court for current requirements.
3. I understand that the use of my login and password for filing documents constitutes my signature for all purposes, including Rule 9011 of the Federal Rules of Bankruptcy Procedure, on the document submitted, whether or not I have physically signed the document. If I submit a document for another party, I understand it is my responsibility to maintain a copy of that document bearing the signer's original signature in my records for the length of time required by the court.

4. I agree to protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court, in writing. Moreover, it is also my responsibility to immediately inform the court of any change in my firm affiliation, address, telephone, fax or E-Mail address.
5. I understand that the issuance of a login and password to me constitutes a waiver of conventional service pursuant to the court's ECF general order. I agree to accept a Notice of Electronic Filing by authorized E-Mail in lieu of conventional service. I agree to receive all notices by electronic transmission and that this application constitutes my written request to receive electronic notices as called for in Rule 9036 of the Federal Rule of Bankruptcy Procedure. Moreover, I will use the automatic E-Mail notification feature of the ECF System as the primary means of service.
6. I understand that in cases where service of documents filed electronically is required to be made on the United States and its agencies, corporations or officers, full compliance with Rules 2002(j) and 7004(b)(4), (5) and (6) of the Federal Rules of Bankruptcy Procedure is required.
7. I will promptly pay all filing and other required court fees by means of the credit card, in accordance with the authorization procedure established by the court.
8. I agree to adhere to all court procedures for the ECF System. I understand it is my responsibility to learn and use all updates to the ECF procedures.

Date: _____

Attorney Applicant Signature

Please return to:

Michael Stewart, ECF Project Manager
 Attn: ECF System Registration
 United States Bankruptcy Court
 P.O. Box 7003
 South Bend, Indiana 46634-7003

Official Use Only

Date Received	_____
Information verification	_____
Registration verification	_____
Systems verification	_____
Initial system login & password	_____
Financial verification	_____
ECFPM final review	_____
Document #	_____

**UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF INDIANA
CREDIT CARD AUTHORIZATION**

*Please **CLEARLY PRINT** your responses*

Indicate if this information	INITIAL AUTHORIZATION ___	UPDATED AUTHORIZATION ___
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We/I authorize the United States Bankruptcy Court for the Northern District of Indiana to charge the following bank card number(s) for the specific purpose of the payment of court filing fees, in full at the time of filing, in addition to any other related court expenses. Any other use of these bank card number(s) is strictly prohibited.

Name as it appears on Card: _____

Name of Law Firm/Company: _____

Name(s) of authorized credit card users
(Please PRINT names): _____

Card holder's business mailing address: _____

Card holder's e-mail address: _____

Card holder's phone: _____ Card holder's fax: _____

	<u>Card Number</u>	<u>Expiration Date</u>
VISA:	_____	_____
MasterCard:	_____	_____
American Express:	_____	_____
Discover Card:	_____	_____
Diner's Club:	_____	_____

This form will be kept on file in the clerk's office and this authorization will remain in effect until specifically revoked in writing. It is the responsibility of the named cardholder firm/company to notify the clerk's office, in writing: of the new expiration date when a credit card has been renewed; if a credit card has been lost, stolen or revoked; of any changes (additions or deletions) to the list of authorized credit card users. In the event the charge against the credit card is denied, you will be notified immediately to make payment with another credit card under an updated authorization, by money order, certified check, or in cash. Any abuse of this privilege may result in your removal from the credit card program.

_____ Date _____ Authorized Card Holder Signature

Return this completed form to: ECF Project Manager, U.S. Bankruptcy Court, Northern District of Indiana, P.O. Box 7003, South Bend, Indiana 46634-7003.