

**United States Bankruptcy Court
Northern District of Indiana**
Application for Attorney Password for ECF System
*This form should be completed electronically. Please **TYPE** your responses,
print this form then sign and return the completed form to the court.*

Attorney Applicant Information

Attorney Name:

Firm Name:

Firm Mailing Address (number and street, or P.O. box number):

City: State: ZIP Code:

Work phone: Work fax: Cell phone:

Email address for service: ‡

‡ The email address listed above will be used for electronic service by the ECF System.

In the space provided below, list federal courts, including the Northern District of Indiana, in which you have completed ECF training and the date(s) of that training. If you need additional space, use a separate sheet and attach it to this application. Documentation verifying this training ***must*** be attached to this application.

Are you admitted to practice before the United States District Court for the Northern District of Indiana?

☐ - Yes ☐ - No If "no," describe the reason for this request:

In the space provided below, list the court(s) where you are admitted to practice law, and, where applicable, also list your bar ID number on the corresponding line. If you need additional space, use a separate sheet and attach it to this application.

Court #1: Bar ID #1:

Court #2: Bar ID #2:

Court #3: Bar ID #3:

The applicant listed above provides the information in this application as a condition of receiving a login and password for the ELECTRONIC CASE FILING (ECF) SYSTEM of the United States Bankruptcy Court for the Northern District of Indiana.

I agree and certify under penalty of perjury that by submitting this application and receiving a password:

1. I have read, understand and will adhere to the court's order authorizing electronic case filing, and supplements and/or amendments thereto and the rules and procedures promulgated for the court's ECF System.

2. I will promptly pay all filing and other required court fees by means of the procedure established by the court for this purpose.

3. I will employ the ECF System for all cases and documents filed in the United States Bankruptcy Court for the Northern District of Indiana.

4. I agree to adhere to all court procedures for use of the ECF System. I understand it is my responsibility to learn and use all updates to the ECF System and procedures.

5. 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, or state or municipal corporations or other governmental organizations thereof subject to suit, full compliance with Rules 2002(j) and 7004(b)(4) and (5) and (6) of the Federal Rules of Bankruptcy Procedure is required.

6. I will meet all hardware and software requirements promulgated for ECF System use. I understand the minimum requirements for filing documents are posted on the internet at:

<http://www.uscourts.gov/FederalCourts/CMECF/FAQs.aspx>

I further understand these hardware and software requirements may change over time, and I will periodically check the internet for current requirements.

7. 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, whether or not I have physically signed the document.

8. I understand that the issuance of a login and password to me constitutes a waiver of conventional service pursuant to the court's ECF order. I agree to accept a Notice of Electronic Filing by authorized email 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 Rules of Bankruptcy Procedure. Moreover, I will use the automatic email notification feature of the ECF System as the primary means of service. The email address I list in this application is the only address where I will receive electronic mail notifications unless I specifically request otherwise in writing.

9. I understand that it is my responsibility to immediately inform the court in writing of any change in my firm affiliation, address, telephone number, fax number or email address.

10. I understand that it is my responsibility to maintain in my records, and produce upon request, all documents bearing my original signature that are filed using my password for a period three (3) years after the case or proceeding in which the papers are filed have been closed by the court.

11. 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

Date:

Attorney Applicant Signature

Mail this completed form to:

U.S. Bankruptcy Court, Northern District of Indiana
Attn: ECF Accounts
1300 South Harrison Street
Fort Wayne, IN 46802-3435