

**United States Bankruptcy Court  
Northern District of Indiana**  
**Application for Limited Use 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.*

**Creditor Claimant Limited Use Applicant Information**

Applicant Name:

Name of Creditor:

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

City:  State:  ZIP Code:

Creditor telephone number:  Creditor fax number:

Email address for service: ‡

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

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. By this registration, I, the undersigned applicant, agree to abide by all the rules and regulations in the most recent Amended Order Authorizing Electronic Case Filing. 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.

2. I understand that use of Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon, and my signing of, any declarations, verifications, proofs of claims, assignment of claims, reaffirmation agreements, or other papers or documents filed by use of the password obtained pursuant to this application (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 will meet all hardware and software requirements promulgated by the court 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 with the court for current requirements.

4. I understand that it is my responsibility to immediately notify the court, in writing, of any change in my address, telephone number, fax number and email address.

5. 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.

6. I understand that I have the responsibility 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:

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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