

**U.S. Bankruptcy Court - Middle District of Alabama**  
**CM/ECF Account Request Form**  
PLEASE PRINT CLEARLY

DATE:

FIRST NAME:  MIDDLE INITIAL:  LAST NAME:

TITLE:

USER TYPE:  Attorney-Requires that a completed Credit Card Collection Authorization Form is submitted to Court.  
 Creditor-Limited access which does not require Credit Card on file with the Court.

OFFICE:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  FAX:

BAR ID:

**Email Notification Setup Options**

PRIMARY EMAIL ADDRESS:

ADDITIONAL EMAIL ADDRESSES:

HOW DO YOU WANT TO BE NOTICED?  
(check only one option):  NOTICE FOR EACH FILING  
 DAILY SUMMARY REPORT

**Additional Accounts For Staff**

MY SIGNATURE BELOW APPROVES THAT THE FOLLOWING ADDITIONAL CM/ECF ACCOUNTS SHOULD BE CREATED FOR MY STAFF.

ATTORNEY SIGNATURE:

STAFF INITIALS FOR ADDTL CM/ECF ACCOUNTS:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Official Use Only**

Date verified CC on file:  Staff Initial:

Date verified multiple PRID:  Staff Initial:

Comments:

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF ALABAMA  
FULL PARTICIPANT REGISTRATION FORM  
Case Management/Electronic Case Filing (CM/ECF)**

This form, in conjunction with the CM/ECF Account Request Form, is used to register for filing documents electronically via the CM/ECF system. A registered participant will have the privilege to file documents using CM/ECF with the Clerk’s Office of the U.S. Bankruptcy Court for the Middle District of Alabama if training has been successfully completed. The following information is required for CM/ECF registration (Please write legibly):

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Bar ID#:** \_\_\_\_\_

**State of Admission:** \_\_\_\_\_

**Firm Name:** \_\_\_\_\_

**REQUIRED: I certify that I have completed at least ONE of the following:**

CM/ECF training seminar.      Date: \_\_\_\_\_ Court/Location: \_\_\_\_\_

Online training module.

I am a certified ECF user in another U.S. Bankruptcy Court - Name of Court: \_\_\_\_\_

**By signing and submitting this registration form, I agree to the following:**

1. Pursuant the Federal Rule of Bankruptcy Procedure 9011 and CM/ECF general orders, every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record and that signatures shall be indicated by s/ and the typed name of the person signing in the following format: “s/ Jane Smith” on the signature line. My login and password constitutes my signature.
2. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
3. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such a capacity.
4. I will immediately contact the CM/ECF Help Desk at 334-954-3800 to report any suspected compromise of my password.
5. I will receive service of documents and any docket activity electronically pursuant to FRBP 7005, where service of documents is otherwise permitted by first class mail. In doing so, I agree to maintain a current and active email address to receive notification in CM/ECF.
6. I will abide by all of the requirements set forth in the “Administrative Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers in the Case Management/Electronic Case Filing (CM/ECF) System” in effect ( which includes the current version and any changes or addition that may be made to it).

\_\_\_\_\_  
Applicant Name (please type)

\_\_\_\_\_  
Applicant Signature

**Please fax this form to (334) 954-3819  
or mail to Mailing Address:**

**Attn: CM/ECF Account Request  
U.S. Bankruptcy Court  
Attn: ECF Account Request  
P.O. Box 1248  
Montgomery, AL 36102-1248**