

Creditors' Application for Access to Electronic Case Filing (ECF) System

ECF allows registered participants to file documents electronically with the clerk's office as required by local rule 5005-1. Fill out your contact information and submit this application to receive an ECF account with this court.

Name: _____ **Company:** _____

Address: _____ **Position:** _____

_____ **Phone:** _____

Email: _____

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

1. I will maintain current contact information. Failure to do so will result in my account being locked. If my account is locked for any reason I will contact the clerk's office at 334-954-3800 to attempt to resolve the issue.
2. My login and password constitute my signature. [See Fed. R. Bankr. P. 9011.] Signatures will be indicated by /s/ and the typed name of the person signing.
3. I will not permit my login and password to be used by anyone who is not authorized. I will contact the clerk's office at 334-954-3800 to report any suspected compromise of my password, and I will notify the clerk's office by phone at 334-954-3800 or by email at ecfregistration@almb.uscourts.gov if my account is no longer necessary.
4. I will pay all fees incurred by the use of my account. I understand that the court may terminate my account without notice for any reason.
5. Pursuant to Fed. R. Bankr. P. 7005, I agree to receive service of documents and docket activity electronically.
6. I understand I must file my documents in a format directed by the court. Additionally, I understand I must comply with the redaction requirements of Fed. R. Bankr. P. 9037.
7. I certify that the information submitted above is true and correct.

Signature

Date

Your signed and completed application can only be processed when emailed to ecfregistration@almb.uscourts.gov.