

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF LOUISIANA**

**Application for Attorney Password
for Electronic Case Filing System**

I, _____, certify that:

(Check one)

____ I am admitted to practice in the United States District Court for the Eastern District of Louisiana,

OR

____ I am admitted to practice in the state of _____,
and that I am applying to appear on a *pro hac vice* basis.

By submitting this application and receiving a password, I agree to adhere to the court's orders authorizing electronic case filing, and to the rules promulgated for the court's Electronic Case Filing System. I am providing the following information as a condition of receiving my password:

(Please Print or Type)

Attorney Bar ID# and State: _____

Name: _____

Firm Name: _____

Address: _____

Telephone #: _____ FAX #: _____

E-Mail Address for Service: _____

(Attorney's email for electronic service)

Additional E-Mail Address: _____

(Secretary, paralegal, etc.)

I, _____, certify that I have personally completed the required on-line Electronic Learning Modules located on the website for the U. S. Bankruptcy Court, Eastern District of Louisiana. Date of training: _____.

OR

I, _____, certify that I have completed CM/ECF training in another federal court. Date and location of training: _____

(YES/NO)

_____ I request that the bankruptcy court give me access to the internet credit card payment process of CM/ECF known as "Pay.gov". I will use Pay.gov for all fee-related filings. I must maintain a valid VISA, MasterCard, Discover, Diners Club, or American Express card to pay for the fee.

I have read, understand, and agree to the following:

1. I will use the Electronic Case Filing System for cases filed in the United States Bankruptcy Court for the Eastern District of Louisiana.
2. Each use of my password for filing documents will meet the requirements of Rule 9011 of the Federal Rules of Bankruptcy Procedure. I understand that the use of my password constitutes my signature on the document being submitted. 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 signature in my records.
3. Inasmuch as the combination of my identification with my password constitutes my signature, I agree to protect and secure the confidentiality of my password. Therefore, if I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court in writing. It is also my responsibility to immediately inform the court of any change in my firm affiliation, address, telephone, fax or E-Mail address.
4. I understand that the issuance of a password to me constitutes a waiver of conventional service under the court's rules. I agree to accept a Notice of Electronic Filing by hand, facsimile, first class mail or authorized E-Mail in lieu of conventional service. I will use the automatic E-Mail notification feature of the Electronic Case Filing System wherever feasible.
5. In cases where service of documents filed electronically is insufficient through the court's electronic filing system, full compliance with the Federal Rules of Bankruptcy Procedure, including Rules 2002(j), 7004(b), and 9016(b) is required.

Date: _____

Attorney Applicant Signature

Please return to: Systems Department
 Attn: ECF Attorney Registration
 United States Bankruptcy Court
 500 Poydras Street, Suite B-601
 New Orleans, Louisiana 70130

REVISED: April 2009