

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

**CASE MANAGEMENT ELECTRONIC CASE FILING (CM/ECF) SYSTEM
FULL PARTICIPANT REGISTRATION FORM**

Live System

This form is to be used to register for FULL FILING PRIVILEGES for filing documents via the Internet component of the Case Management/Electronic Case Filing system (hereafter CM/ECF), in the United States Bankruptcy Court for the Eastern District of Virginia. A registered participant will have the privilege to file documents via the Internet with the Clerk's Office.

The following information is required for CM/ECF registration:

Name (First, Middle, Last): _____

Bar ID #: _____

State of Admission: _____

Firm Name: _____

Mailing Address: _____

Voice Phone Number: () _____

E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Pursuant to Federal Rule of Bankruptcy Procedure 9011 and Local Bankruptcy Rule 5005-1(C)(4), 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 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 report any suspected compromise of my password to the Training Contact at the appropriate Divisional Office of the Virginia Eastern Bankruptcy Court.
5. I will receive service of documents and any docket activity electronically pursuant to FRBP 9036, where service of documents is otherwise permitted by first class mail. In so doing, I agree to maintain a current and active e-mail 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" currently in effect, and any changes or additions that later may be made.

Applicant Name (*please print*)

Applicant Signature

Last 4 Digits of SS # (*for security purposes*)

Deputy Clerk Of USBC
(*to be signed upon receipt of application*)

Mail or deliver this completed form to the divisional office in which you will participate in CM/ECF the majority of the time.

Alexandria -

U.S. Bankruptcy Court
Attn: DQA Team
P.O. Box 19247
Alexandria VA 22320-0247
(200 South Washington St.)

Richmond -

U.S. Bankruptcy Court
Attn: DQA
1100 East Main Street, Suite 301
Richmond VA 23219

Norfolk and
Newport News

U.S. Bankruptcy Court
Attn: DQA Team
P.O. Box 1938
Norfolk VA 23501-1938
(600 Granby St., 4th Floor)