

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

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM
USER WITH FULL PRIVILEGES REGISTRATION FORM FOR
TRUSTEES, EXAMINERS, CONSUMER PRIVACY OMBUDSMEN, AND PATIENT CARE
OMBUDSMEN PER CASE MANAGEMENT/ELECTRONIC CASE FILES (CM/ECF) POLICY
STATEMENT 2(A)(1)(a)**

Live System

This form is to be used to register to become a User with 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 for cases in which the registrant serves as a (1) trustee, (2) examiner, (3) consumer privacy ombudsman, or (4) patient care ombudsman.

The following information is required for CM/ECF registration and **MUST BE TYPEWRITTEN**:

Name (First, Middle, Last): _____

Type of Registrant: _____

(If Attorney) Bar ID #: _____

(If Attorney) State of Admission: _____

Firm or Business 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. The Bankruptcy CM/ECF system is for use only in cases permitted by the United States Bankruptcy Court for the Eastern District of Virginia. It may be used to file and view electronic documents, docket sheets, and notices.
2. As the above-stated type of registrant, I understand that I may effect filings pursuant to the applicable provisions of the Bankruptcy Code for my type of registration. Pursuant to Federal Rule of Bankruptcy Procedure 9011 and Local Bankruptcy Rule 5005-1(C)(4), I shall comply with those provisions, which require that every pleading, motion and other paper (except lists, schedules, statements or amendments thereto) shall be signed by at least one attorney of record, or, if the party is not represented by an attorney, all papers shall be signed by the party. All such 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.

3. 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.
4. 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.
5. I will report any suspected compromise of my password to the DQA Team/Training Contact at the appropriate Divisional Office of the Eastern District of Virginia Bankruptcy Court.
6. 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.
7. I will abide by all of the requirements set forth in the Electronic Case Files Policy currently in effect, and any changes or additions that may be made in the future.

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
 200 South Washington St.
 Alexandria, VA 22314

Richmond - U.S. Bankruptcy Court
 Attn: DQA Team
 701 East Broad Street, Suite 4000
 Richmond, VA 23219

Norfolk and
Newport News U.S. Bankruptcy Court
 Attn: DQA Team
 600 Granby St., 4th Floor
 Norfolk, VA 23510