

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

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM  
USER WITH FULL PRIVILEGES REGISTRATION FORM**

**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.

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

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 DQA Team/Training Contact at the appropriate Divisional Office of the Eastern District of Virginia 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 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., 4<sup>th</sup> Floor  
 Norfolk, VA 23510