

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF VIRGINIA

CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF)  
SYSTEM

USER WITH LIMITED PRIVILEGES REGISTRATION FORM  
THE ROWE COMPANIES, Case # 06-11142-SSM  
ROWE FURNITURE, INC., Case # 06-11143-SSM  
STOREHOUSE, INC., Case # 06-11144-SSM

Live System

This form is to be used to register to become a user with LIMITED 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. Limited filing privileges shall include the authorization to file via the Internet a Notice of Appearance. The limited participant will receive E-mail notification of any filing that occurs in the case. Additional privileges may be added at the discretion of the Clerk.

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

Name (First, Middle, Last): \_\_\_\_\_

Agency/Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If Attorney, State of Admission  
and Bar ID #

State: \_\_\_\_\_ ; Bar ID # \_\_\_\_\_

Voice Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

1. Signatures on Notices of Appearance 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 abide by all 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.
6. When submitting this registration form by facsimile I will retain the originally executed copy and, upon request, will provide the original form for review.

\_\_\_\_\_  
 Applicant Name (*please print*)

\_\_\_\_\_  
 Applicant Signature

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

\_\_\_\_\_  
 Deputy Clerk Of USBC

Mail or fax this completed form to our Alexandria divisional office:

U.S. Bankruptcy Court  
 Attn: Data Quality Analysts  
 200 South Washington Street  
 Alexandria, VA 22314

Fax: (703) 258-1208

Version 3/08