

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

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

**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. Except for an approved personal financial management course provider who only may file Official Form 23, limited filing privileges shall include the authorization to file or withdraw a proof of claim, notice of mortgage payment change, notice of postpetition mortgage fees, expenses, and charges, response to a notice of final cure payment, request for notices or notice/service, notice of appearance, reaffirmation agreement, creditor change of address, or transfer of claim via the Internet with the Clerk's Office. The Clerk may authorize the registration of a person for other, limited purposes.

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 proofs of claim and, if authorized by the Clerk, notices of appearance and/or requests for service/notice and notices of transfer of claims, 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 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.
6. **For post-petition approved personal financial management course providers only:** In accordance with Fed.R.Bankr.P 1007(c) and Eastern District of Virginia Local Bankruptcy Rule 1007-1(J), I understand that as an approved provider of a post-petition instructional course concerning personal financial management, I must timely file Official Form 23. (Failure to do so may result in the debtor's case being closed without entry of a discharge order.)

Check this box if you are a post-petition personal financial management course provider.

\_\_\_\_\_  
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*)

\_\_\_\_\_  
Clerk of Court (or Designee)

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

U. S. Bankruptcy Court  
Attn: DQA Team  
200 S. Washington Street  
Alexandria, VA 22314