

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

**ELECTRONIC CASE FILING (ECF) SYSTEM
ATTORNEY FILER REGISTRATION FORM**

This form is to be used to register for an account to electronically file documents using the ECF System in the US Bankruptcy Court for the Eastern District of Kentucky (KYEB).

Name (First, Middle Initial, Last): _____

Firm Name: _____

Mailing Address: _____

Telephone Number: () _____

Email Address: _____

Bar I.D. Number(s) and State(s): _____

I am admitted to practice and a member in good standing in the US District Court for the Eastern District of Kentucky (EDKY),

OR

I am a member in good standing in the following districts: _____

By signing and submitting this registration form, I agree to abide by the following requirements and understand that the Court, sua sponte, may terminate my ECF account:

1. I have successfully completed the KYEB training or have been certified for electronic filing on the ECF System by the following federal court(s): _____

2. I understand that if I am not admitted to practice in the EDKY, I will need to become admitted, or I will need to file a motion to appear pro hac vice in each case I become involved.

3. I understand that my conduct is governed by Local Rule 83.3 of the Joint Local Rules for the US District Courts for the Eastern and Western Districts of Kentucky.

4. I understand that my login and password constitutes authentication of my electronic signature for purposes of FRBP 9011. I understand I am responsible and liable for any pleading, document or other paper electronically submitted by means of my ECF login and password.
5. The login and password for filing via the Internet will be used exclusively by me and by any of my employees to whom I give authorization. I will protect the security of my password. I will not permit my login and password to be used by anyone who is not authorized. I will immediately change my password if I suspect my account has been compromised or if an authorized employee has left my office.
6. I agree to maintain my contact information (e.g., email address, mailing address, and telephone number). All changes will be made through my ECF account.
7. I agree to receive service of all pleadings, documents, or other papers and docket activity electronically as permitted by FRBP 9036.
8. I will abide by all of the requirements set forth in the KYEB local rules, any general orders, and the Administrative Procedures Manual.

Applicant Name (Please print/type)

Applicant Signature

Please email completed form to ecf_registration@kyeb.uscourts.gov or mail to:

US Bankruptcy Clerk's Office
Attention: ECF Registration
PO Box 1111
Lexington, KY 40588-1111

You will receive notification by email with your user id and password.

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