

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY
ELECTRONIC CASE FILING (ECF) SYSTEM
LIMITED FILER REGISTRATION FORM**

This form is to be used to register for limited filer privileges to electronically file documents using the ECF System in the U.S. Bankruptcy Court for the Eastern District of Kentucky. The limited filer may only perform specified transactions, which are determined by the Court based on the limited filer groups, as follows.

Please check below the appropriate group for your limited filer registration (check only one):

- Personal Financial Management Course Provider
- Claims Filer
- Other (describe) _____

NOTE: If you are an attorney, do not complete this form. Complete the attorney filer registration form.

Name (First, Middle Initial, Last): _____

Employer/Entity Name: _____

Mailing Address: _____

Telephone Number: () _____

Email Address: _____

A. By signing and submitting this registration form, I certify as follows:

1. I successfully completed the KYEB training on _____ or have been certified for electronic filing on the ECF System by the following federal court(s):
_____.
2. I have read and am familiar with the requirements set forth in the KYEB local rules, any general orders, and the Administrative Procedures Manual (APM), all of which may be found at www.kyeb.uscourts.gov.

B. By signing and submitting this registration form, I agree as follows:

1. Use of my ECF login and password, together with my name on the signature block, to submit documents to the ECF System serve as my signature for all purposes for which a signature is required under applicable law or in connection with proceedings before this Court. Such signature shall have the same force and effect as if I had affixed my

signature on a paper document being filed. My signature will be in the format required by the APM.

2. I will pay any fees incurred for filings made in the ECF System in accordance with 28 U.S.C. § 1930 and the Bankruptcy Miscellaneous Fee Schedule.
3. My ECF login and password will be used exclusively by me and/or by my authorized agents or employees. I will protect the security of my password and will immediately change my password if I suspect my account has been compromised.
4. My contact information (e.g., email address, mailing address, and telephone number) will be current at all times. Any modifications to this information shall be promptly made through my ECF account.
5. I understand that a limited filer's privileges are narrow in scope. I will only use the ECF System to electronically file documents designated for my limited filer group. The court reserves the right to modify these options as deemed necessary.
6. If the terms and conditions change, information regarding the changes will be posted at: www.kyeb.uscourts.gov. I understand that it is my responsibility as the limited filer to read any posted changes. Continued use of my ECF account following any posted changes means that I accept and agree to the changes.
7. I will abide by all of the requirements set forth in the KYEB local rules, any general orders and the APM.
8. Noncompliance with any provision hereof may result in termination of my ECF filing privileges without prior notice.

I certify under penalty of perjury that the information I am submitting to register for electronic filing is true and correct.

Date

Applicant Name (please print/type)

Applicant Signature

Please email completed form to ecf_registration@kyeb.uscourts.gov using the email address that you request be assigned to your ECF account. You will receive notification by return email with your user id and password.

Revised 11/16