

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

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

This form is to be used by attorneys to register for an account to electronically file documents using the ECF System in the U.S. 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): _____

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

1.

Unless otherwise exempt pursuant to KYEB LBR 9010-1(a), I am admitted to practice and a member in good standing in the U.S. District Court for the Eastern District of Kentucky (KYED).

OR

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

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

3. 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. Unless exempt, if I am not admitted to practice in the KYED, I will become admitted, or will file a motion to appear pro hac vice in each case in which I will represent a party.
2. 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 purposes of FRBP 9011 and all purposes for which a signature is required under applicable law or in connection with proceedings before this Court.
3. 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.
4. As permitted by FRBP 9036 and FRCP 5(b)(2)(E) and (3), this registration form serves as my written request and consent to receive service of all pleadings, documents, or other papers and docket activity electronically via the ECF System.
5. 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.
6. 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.
7. I will abide by all of the requirements set forth in the KYEB local rules, any general orders, the APM, and any applicable Joint Local Rules for the U.S. District Courts for the Eastern and Western Districts of Kentucky.
8. Noncompliance with any provision hereof may result in termination of my ECF filing privileges without prior notice.

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 instructions on how to create a password.

Revised 07/2020