

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA**

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

This form shall be used to register for ATTORNEY filing privileges on the Electronic Case Filing System (ECF) only in the United States Bankruptcy Court for the District of Arizona. The following information is required for registration:

Name (First, Middle, Last): _____

Last four digits of SS#: _____

Bar ID#: _____

Firm Name: _____

Firm Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

I am currently filing on the CM/ECF system in the following courts:

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This login and password shall be used exclusively by me or my authorized agents or employees. It may be used to file documents, notices and proofs of claim electronically. The attorney must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney to immediately notify the court. This includes the resignation or reassignment of persons with authority to use the password.
2. All filings with the court, including attachments, must comply with Federal Rule of Bankruptcy Procedure 9037: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers may NOT appear except as allowed by the rule.

3. At this time, the requirements for filing, viewing, and retrieving case documents are:

A personal computer running a standard platform such as Windows or Mac OS X; Internet connection; Web browser (Firefox and Internet Explorer have been tested and certified for compatibility with CM/ECF); and PDF converter software, such as Adobe Acrobat.

4. Pursuant to Federal Rule of Civil Procedure 11, Federal Rule of Bankruptcy Procedure 9011 and Local Bankruptcy Rule 5005-4:

Every petition, pleading, written motion, and other paper (except mailing list, schedules, statements or amendments thereto) shall be signed by at least one attorney of record in the individual attorney's name. A party who is not represented by an attorney shall sign all papers.

An individual's registered user name and password serves as that individual's signature on any electronically filed document. The signature on the filed document shall be /s/ Name, Bar Number. ECF filers must retain original signed documents for five (5) years from (1) the date of discharge or dismissal in a chapter 7 and (2) the entry date of a confirmation or dismissal order in a chapter 11, 12, or 13.

5. The undersigned consents to accept electronic service under Federal Rules of Civil Procedure 5 in lieu of service of a paper copy as set forth in Local Bankruptcy Rule 9076-1 and the ECF User's Administrative Guide. The Clerk's Office must promptly be notified in writing of any changes in address information. This consent shall remain in effect until revoked in writing.

Applicant Signature

Date

Initial of First & Last Name

Last 4 of SS Number or State Bar ID Number

Please submit by email, fax or mail to:

azbml_all_dqa@azb.uscourts.gov

Fax: 602-682-4901

U.S. Bankruptcy Court
Attn: Data Quality Administrators
230 N. First Ave., #101
Phoenix, AZ 85003-1706