UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA

CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM
LIMITED USE U.S. TRUSTEE AUDITOR FORM

This form is to be used to register for LIMITED FILING PRIVILEGES for filing Auditor Reports pursuant to 28 USC Section 586 via the Internet component of the Case Management/Electronic Case Filing System (hereafter CM/ECF), in the United States Bankruptcy Court for the District of Arizona.

The following information is required for CM/ECF registration:

Name (First, Middle, Last): _____

Agency/Company: _____

Mailing Address: _____

_____

Voice Phone Number: _(____)_____

Fax Number: _____

E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. Signatures on documents filed shall be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ Jane Smith" on the signature line. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal rules of Criminal Procedure and any applicable non bankruptcy law.

2. The login and password for filing via the Internet shall be used exclusively by me. All documents filed using my password will contain my signature as set forth in paragraph one.

3. I understand that it is my responsibility to maintain in my records all documents bearing original signatures that are filed as attachments or exhibits to documents I file using my password for the longer period of one year after the case or proceeding in which the papers are filed has been closed or all appeals are finalized unless the court orders a different period.

4. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.

5. I agree to abide by all of the requirements set forth in Local Bankruptcy Rule 5005-2 and the ECF Administrative Procedures for Electronically Filed Cases and any filing instructions currently in effect, and posted at www.azb.uscourts.gov, and any changes or additions that later may be made.

_____ _____

Applicant Signature Date

Please submit by fax or mail to: **602-682-4901**

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