

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA**

**ELECTRONIC CASE FILING SYSTEM (ECF)
LIMITED-USE REGISTRATION FORM FOR
UNCLAIMED FUNDS APPLICATIONS**

This form shall be used to register for limited filing privileges for filing APPLICATIONS FOR PAYMENT OF UNCLAIMED FUNDS TO CLAIMANT and related documents 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): _____

Agency/Company Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

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

1. This limited-use login and password shall be used exclusively by me or my authorized agents or employees. I 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 my duty and responsibility 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. I understand that an individual's registered user name and password serves as that individual's signature on any electronically filed document and shall be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ Jane Smith" on the signature line. 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. I agree to abide by all of the requirements set forth in Local Bankruptcy Rules and the ECF Users' Administrative Guide 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 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