

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MAINE
ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM**

I request that the U.S. Bankruptcy Court, District of Maine, register me for ECF training. Upon completion of training, I will be issued a login and password so that I can use the Court's Electronic Case Filing System (CM/ECF).

I understand that the use of my login and password serves as and constitutes my signature. I agree to protect and secure my password and I will immediately notify the court if I have any reason to suspect that my password has been compromised in any way.

I further agree to abide by all of the rules and regulations in the *Administrative Procedures for Filing, Signing, and Verifying Pleadings and Other Documents in the Electronic Case Filing (ECF) System* currently in effect, and any changes or additions that may be made to these procedures in the future.

Class Location, Date and Time: _____

First/Middle/Last Name: _____

Bar ID # and State: _____

Law Firm Name: _____

Firm Address: _____

Voice Phone Number: _____

FAX Phone Number: _____

Internet E-Mail Address: _____

Signature: _____ Date: _____