

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

**Case Management/Electronic Case Files (CM/ECF)
Registration Form For
Limited Use/Claims Login and Password**

Name: _____

Title: _____

Entity Name: _____

Address: _____

Phone No.: _____

Email Address: _____

Place a check in the box that best describes the nature of your business:

Creditor Financial Management Course Provider Auditor Transcriber

Bar ID No. and State in which you are admitted (if you are an attorney representing a creditor)

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1. This form is to be used by creditors, transcribers, auditors and personal financial management course providers to register for limited filing privileges to file documents using the CM/ECF electronic filing system in the U. S. Bankruptcy Court for the District of New Jersey.
 2. By submitting this Registration Form, the undersigned agrees to abide by this Court's Local Rules, procedures governing electronic filing and all technical and procedural requirements of the Court as updated from time to time on the Court's web site.
 3. Filing any document using a Limited Use Login and Password issued by the Court shall constitute the Limited Use Participant's signature for purposes of signing the document under Fed.R.Bankr.P. 9011.
 4. Only the Limited Use Participant, or an authorized representative, may receive notice of the assigned login and password combination. Only the Court can issue or change a login. Limited Use Participants may find it desirable to change their passwords periodically. This can be done as set forth in the ECF User's Guide available on the Court's web site: www.njb.uscourts.gov. In the event that a Limited Use Participant believes that the security of an existing password has been compromised, the Participant shall change their password immediately.

5. If I cease to be an employee or agent of an entity on whose behalf documents are being filed, or for any other reason cease to be authorized to file electronically on behalf of said entity, I or my employer will promptly contact the Court and request termination of my filing privileges.

6. I understand that fees incurred for documents filed in CM/ECF, pursuant to U.S.C. § 1930 or the Bankruptcy Miscellaneous Fee Schedule must be paid immediately, and that failure to pay any fees incurred shall result in my account being deactivated until the fee is paid in full.

7. I understand that if I, or the entity on whose behalf I am filing electronically, am a provider of post-petition personal financial management courses and I am filing a certificate concerning the debtor's completion of the course, the certificate must be filed no later than three (3) business days after the debtor completed the instructional course. I understand that my filing privileges may be revoked if I do not file a certificate in a timely manner, as failure to do so could result in the closing of the debtor's case without a discharge. I understand that, if my filing privileges are revoked by the Court, the Court will notify the Executive Office of the U.S. Trustee of the revocation.

I certify that the information above is true and correct. I acknowledge that I have read and agree to the terms and conditions above.

Date: _____
Signature of Limited Use Applicant

Date: _____
Signature and Title of Representative of Creditor/Entity

Please submit original to one the following offices:

U.S. Bankruptcy Court
District of New Jersey
402 East State Street
Trenton, NJ 08608

U.S. Bankruptcy Court
District of New Jersey
50 Walnut Street
Newark, NJ 07102

U.S. Bankruptcy Court
District of New Jersey
401 Market Street
Camden, NJ 08101

Revised 3/11/14