

**United States Bankruptcy Court
Western District of Tennessee**

**Case Management Electronic Case Filing (CM/ECF) System
Full Participant Registration Form Training Waiver**

This form is to be used to apply for a password, and register for FULL FILING PRIVILEGES for filing documents via the Internet component of the Case Management Electronic Case Filing System (hereafter called CM/ECF), in the United States Bankruptcy Court for the **WESTERN DISTRICT OF TENNESSEE**. A registered participant will have the privilege to file documents via the Internet with the Clerk's Office.

1. I affirm that I am admitted to practice in the United States Courts for the Western District of Tennessee and that the information set forth in this application is true and correct.
OR
I have been admitted to appear Pro Hac in case #: _____ login and password cannot be issued until the order has been entered on the case.
2. Every pleading, motion and other document (except lists, schedules, statements or amendments thereto, shall be signed by at least one attorney and that signature shall be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith”, on the signature line. Any password assigned to me constitutes my signature.
3. The login and password for filing via the Internet shall be used exclusively by me and by any of my employees to whom I give authorization. I will not knowingly permit my login and password to be used by anyone who is not so authorized.
4. I will select and activate a new password in CM/ECF if an employee of mine who has been authorized to use my login and password no longer serves in such capacity.
5. I will contact the Clerk's office at 901-328-3505 (Memphis) or 731-421-9365 (Jackson) to report any suspected compromise of my password.
6. I will receive service of documents and any docket activity electronically pursuant to Fed. R. Bankr. P. 9036, where service of documents is otherwise permitted by first class mail. In so doing, I agree to maintain a current and active eMail address to receive notification in CM/ECF.
7. I will abide by all of the requirements set forth in the [Electronic Case Filing Guidelines](#) currently in effect, and any changes or additions that later may be made
8. I have filed cases electronically in the Bankruptcy Court for the District of _____ and have **attached proof of training** (i.e., certificate of completion from the respective court, email confirmation of your live login and password or notification of good standing within said court). Therefore, I am requesting to waive the requirement to take the CM/ECF training to obtain my login/password. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures.

PLEASE PRINT, the following information required for CM/ECF application and registration:

Attorney Name: _____ Bar ID: _____

Attorney Firm Name: _____

Attorney Address: _____

Attorney Phone Number: _____

Attorney eMail Address: _____

Attorney Signature: _____ Date: _____

Return the completed form to:
CM/ECF Training Coordinator
ecfhelp@tnwb.uscourts.gov or Fax: (901) 930-0445