

United States Bankruptcy Court
Western District of Tennessee

Case Management Electronic Case Filing (CM/ECF) System
Application for Password and
Full Participant Registration Form

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.

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

Name: _____
Bar ID#: _____
State of Admission: _____
Firm Name: _____
Firm Mailing Address: _____
E-mail Address: _____
Telephone Number: _____

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

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.

Applicant Name (PLEASE PRINT)

Applicant Signature

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