

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(First, Middle, Last): \_\_\_\_\_  
Bar ID#: \_\_\_\_\_  
State of Admission: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Firm Mailing Address: \_\_\_\_\_  
Internet eMail 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 CM/ECF Help Desk at 901-328-3565 (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 "Administrative Procedures Manual-Guidelines, for Filing, Signing, Retaining and Verification of Pleadings and Documents in the Case Management/Electronic Case Filing (CM/ECF) System" currently in effect, and any changes or additions that later may be made.

\_\_\_\_\_  
Applicant Name (PLEASE PRINT)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Last four (4) Digits of SS#(for security purposes)

\_\_\_\_\_  
Deputy Clerk of USBC  
(signed upon receipt of application)

**Return the completed form to:**

**CM/ECF Training Coordinator**  
200 Jefferson Avenue, Suite 500  
Memphis, TN 38103