

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK  
ELECTRONIC CASE FILE (ECF) SYSTEM  
NON-ATTORNEY ACCOUNT APPLICATION**

**LIVE SYSTEM**

I, \_\_\_\_\_, am submitting this application to obtain an account to the Court's Electronic Case File (ECF) System. By submitting this application and receiving an account, I agree to adhere to the Court's General Order authorizing electronic case filing, any supplements and/or amendments thereto and the rules promulgated for the Court's ECF System. I am providing the following information as a condition of receiving an account:

Name of Applicant: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Last four digits of Social Security Number: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City, State, Zip Code) \_\_\_\_\_  
 Phone # \_\_\_\_\_ FAX # \_\_\_\_\_  
 Internet E-Mail Address for Service: \_\_\_\_\_

I am seeking an ECF account to obtain limited filing privileges in connection with one of the following:

- a) I am an employee of an institutional creditor and will file proofs of claim and related documents on behalf of my employer.
- b) I am a claims trader, or an employee of a claims trader, and will file claims transfers and related documents.
- c) I am an employee of an approved claims agent and will file affidavits of service.
- d) **Other** [*Please describe your work status and why you seek an ECF account.*]:

\_\_\_\_\_  
 \_\_\_\_\_.

I have **read** all of the following paragraphs and **agree** to the terms as stated below:

1. I will employ the Electronic Case File (ECF) System for cases filed in the United States Bankruptcy Court for the Southern District of New York (the "Court"). I understand that the account assigned to me provides limited access to the ECF System for the purpose of filing electronically certain claims-related documents and/or affidavits of service.
2. I understand that the use of my account constitutes my signature on the document being submitted. I will not allow others to use my account and agree to protect and secure the confidentiality of the information unique to my account such as login and password.

Therefore, if I have reason to believe that my account has been compromised, it is my responsibility to immediately notify the court in writing. Additionally, I understand that I have a duty to notify the Court at the earliest opportunity in the event that I accidentally obtain greater access than the limited-access password permits. Moreover, it is also my responsibility to immediately inform the court of any change in my contact information such as, but not limited to, address, telephone, fax or e-mail address.

3. I understand that the issuance of an account to me constitutes a waiver of conventional service pursuant to the Court's General Order pertaining to electronic case filing. Where applicable, I agree to accept a Notice of Electronic Filing by hand, facsimile, first class mail or authorized e-mail in lieu of conventional service. Moreover, where applicable, I will endeavor to use the automatic e-mail notification feature of the ECF System wherever feasible.
4. In compliance with the Court's General Order pertaining to electronic case filing, I understand that if documents being submitted electronically have lengthy exhibits, the filing of relevant excerpts of the exhibits is preferred and permitted without prejudice to my right to file additional excerpts or the complete exhibit with the court at any time.
5. I will meet all hardware and software requirements adopted by the Court for system use. I understand that the *current* minimum requirements for filing documents are: **Internet access**, an **Internet Browser** [while Internet Explorer 6 or Netscape 7.2 are recommended, other versions of those browsers or other browsers *may* also work], and **Adobe PDF writer software** [to convert documents from word processing format (such as Word or WordPerfect) to portable document format (PDF)]. To file a document not in electronic format, I understand that a **document scanner** may be needed to scan and convert to PDF any such documents.
6. I will promptly pay all filing fees – in accordance with 28 U.S.C. §1930 and/or any other applicable provisions – via the Internet or by submission to the Clerk's office .
7. I will comply with *all* of the following: a) relevant statutory provisions and procedural rules, including those procedural rules promulgated nationally and those promulgated by this Court; and b) the Court's General Orders. Furthermore, I will use, where appropriate, a) the Official Forms, b) the Director's Procedural Forms and c) any local forms adopted by this Court. If I am a purchaser or seller of claims and will be using my ECF account to file **claims transfers** and related documents, I understand that this duty to comply encompasses, but is *not* limited to, Federal Rule of Bankruptcy Procedure 3001(e) and Director's Procedural Form B 210.
8. I understand that the Clerk's office has the right to terminate any account at any time in the event of any misuse of the account.
9. ***This paragraph does not apply to those who are self-employed.*** I understand that my supervisor will contact the Court to terminate my ECF account in the event that I am no longer employed by my current employer. I understand that I may seek to obtain a *new*

account when my duties with a new employer warrant an ECF account. Additionally, I understand that my supervisor's signature is required on this application, as indicated in the box provided below.

<b>Signature of Supervisor of Applicant</b>	
I, _____, am the supervisor of the applicant at the applicant's place of employment. I affirm that the applicant seeks a password for work-related reasons. I understand that it is my responsibility to contact the Court – in writing – in the event that the applicant no longer is an employee.	
_____	_____
(Signature of Supervisor)	(Telephone Number )
_____	_____
(Job Title)	(E-mail Address)

I consent to delivery of my account information to my e-mail address, which is

\_\_\_\_\_.

Please mail my account information to me in the attached self-addressed, postage-paid envelope.

Date: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of \_\_\_\_\_  
County of \_\_\_\_\_

**Please return to:** MIS Department  
Attn. Electronic Case Filing System Registration  
United States Bankruptcy Court  
Southern District of New York  
One Bowling Green  
New York, New York 10004-1408