



**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE
Electronic Case Filing (ECF) System
Creditor/ Claims Agent Registration Form**

NAME: _____

CREDITOR NAME: _____

ADDRESS FOR NOTICING: _____

Street Address or Post Office Box

City, State, Zip Code

PHONE NUMBER: _____

E-MAIL ADDRESS(ES) FOR ECF SYSTEM: _____

I AM REGISTERING FOR ECF ACCESS AS A CREDITOR/CLAIMS AGENT.

BY SUBMITTING THIS REGISTRATION FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I declare, under penalty of perjury, that on behalf of

_____,
I am authorized to prepare and file proofs of claim, transfers of claims, withdrawals of claims, notices of appearance and requests for notice, and/or reaffirmation agreements.

2. The password issued to me upon completion of the registration process will permit me to file pleadings and documents electronically. The use of this password in the ECF system will identify me and will serve as and constitute my signature for all purposes, including Fed. R. Bankr. P. 9011. It will be my responsibility to protect and secure the confidentiality of my password, and I understand that if I allow my password to be used by anyone other than myself I do so at my own risk. If I believe that the security of my password has been compromised in any way, I will immediately notify the clerk of the court and obtain a new password.

3. I waive the right to notice and service by personal service or first-class mail and consent to receive notice electronically, except with regard to service of a summons and complaint under Fed. R. Bankr. P. 7004. I also consent to electronic notice of the entry of a judgment or order under Fed. R. Bankr. P. 9022(a). I agree to maintain an active e-mail address in order to receive notices and orders electronically.

4. I will maintain my ECF account and immediately update any changes to my address, telephone number or e-mail address(es) in ECF.

5. I will abide by the Local Rules for the United States Bankruptcy Court for the Eastern District of Tennessee, as adopted and as may be amended from time to time by the court.

Applicant's Signature

Date

If the applicant is seeking a waiver of the training requirement, then the applicant must execute the following statement:

By signing this statement below, I certify that I am currently an ECF registered user in another **bankruptcy** court, namely _____; that I have reviewed the Local Rules for the United States Bankruptcy Court for the Eastern District of Tennessee; and that I understand that all electronic filings are subject to these rules.

Applicant's Signature

Please return this form to one of the following addresses or fax numbers:

United States Bankruptcy Court
Attn: ECF Registration
Historic U. S. Courthouse
31 E. 11th Street
Chattanooga, TN
37402
Fax: 423-752-5169

or

United States Bankruptcy Court
Attn: ECF Registration
James H. Quillen U. S. Courthouse
220 West Depot, Ste. 218
Greeneville, TN
37743
Fax: 423-787-0714

or

United States Bankruptcy Court
Attn: ECF Registration
Howard H. Baker, Jr. U. S. Courthouse
Knoxville, TN
37902
Fax: 865-545-4271

ECFmail@tnb.uscourts.gov