



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

NAME OF FILING AGENT: _____
(Agents file on behalf of attorneys or trustees)

NAME(S) OF ATTORNEY(S) OR TRUSTEE(S) EMPLOYING FILING AGENT:

FIRM/BUSINESS 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 REQUESTING ECF ACCESS AS A FILING AGENT FOR THE EMPLOYEE LISTED ABOVE.

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

1. I declare, under penalty of perjury, that the attorney(s)/trustee(s) hereafter referred to as sponsor(s) listed above are admitted to practice in the United States Bankruptcy Court for the Eastern District of Tennessee.
2. I declare, under penalty of perjury, that the sponsor(s) listed above are registered users on the court's ECF system.
3. I declare, under penalty of perjury, that the filing agent listed above is authorized to use the court's ECF system to docket on my/our behalf.
4. I acknowledge that the filing agent's use of his/her password will identify the sponsor(s) and constitute the sponsor's signature for all purposes, including Fed. R. Bankr. P. 9011. I also acknowledge that the filing agent is authorized by the sponsor(s) to file pleadings and documents electronically and that such filings are the sole responsibility of the sponsor(s) who employs the filing agent. I also agree to promptly notify the court clerk's office if the filing agent is no longer employed by the sponsor(s).

5. On behalf of the sponsor(s) listed above, 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).

6. I agree that the filing agent will maintain this ECF account and immediately update any changes to the address or telephone number in ECF.

7. I agree that the filing agent 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.

8. I agree to either personally train the filing agent or have the filing agent attend the court's ECF training before using the system.

Signature of Attorney/Trustee

Date

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@tneb.uscourts.gov