



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

PLEASE COMPLETE EACH SECTION OF THE CREDITOR/CLAIMS AGENT REGISTRATION FORM AND SUBMIT TO OUR OFFICE FOR REVIEW. IF COURT PROVIDED TRAINING IS REQUESTED, THE CREDITOR/CLAIMS AGENT WILL BE CONTACTED AT THE PROVIDED CONTACT INFORMATION TO SCHEDULE TRAINING.

SECTION 1: CREDITOR/CLAIMS AGENT INFORMATION

NAME OF APPLICANT: _____

NAME OF CREDITOR: _____

ADDRESS FOR NOTICING: _____

STREET ADDRESS OR POST OFFICE BOX

CITY, STATE AND ZIP CODE

PHONE NUMBER: _____

E-MAIL ADDRESS(ES) FOR NOTICING IN ECF: _____

SECTION 2: REQUEST FOR ECF ACCESS

I am requesting CM/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 the creditor named above, I am authorized to prepare and file proofs of claim, transfers of claim, withdrawals of claim, notices of appearance and requests for notice, and/or reaffirmation agreements.
2. Upon completion of the registration process my PACER username and password will permit me to file pleadings and documents electronically in the Bankruptcy Court for the Eastern District of Tennessee. The use of this account 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 account to be used by anyone other than myself, I do so at my own risk. If I believe that the security of my account has been compromised in any way, I will immediately notify PACER.
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 PACER account and immediately update any changes to my address, telephone number or e-mail address(es) in PACER.
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

SECTION 3: REQUEST FOR COURT PROVIDED TRAINING

Please select one of the options below regarding court provided CM/ECF training.

_____ NO, I **do not** want to schedule court provided training and am seeking a waiver of the training requirement. **Continue to Section 4.**

_____ YES, I want to schedule court provided training. **Continue to Section 5.**

SECTION 4: TRAINING REQUIREMENT WAIVER

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, listed below, 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.

List the name of a **bankruptcy** court in which you are an ECF registered user below.

Applicant's Signature

SECTION 5: SUBMIT REGISTRATION FORM

Please email the completed form to ECFmail@tneb.uscourts.gov.