



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

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

**SECTION 1: FILING AGENT / FIRM INFORMATION**

NAME OF FILING AGENT: \_\_\_\_\_  
(AGENTS MAY FILE ON BEHALF OF ATTORNEYS OR TRUSTEES ONLY)

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 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 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 PACER username and 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 their PACER account and immediately update any changes to the address or telephone number in PACER.
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

### **SECTION 3: REQUEST FOR COURT PROVIDED TRAINING**

**Please select one of the options below regarding court provided CM/ECF training for the filing agent.**

\_\_\_\_\_ YES, I want to schedule court provided training.

\_\_\_\_\_ NO, I **do not** want to schedule court provided training.

### **SECTION 4: SUBMIT REGISTRATION FORM**

**Please email the completed form to [ECFmail@tnb.uscourts.gov](mailto:ECFmail@tnb.uscourts.gov).**