

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**

**CM/ECF REGISTRATION, CONSENT,
AND ACKNOWLEDGMENT OF RESPONSIBILITY**

This form is used to register for full participation in the CM/ECF System of the United States Bankruptcy Court for the District of Nevada.

Attorney Name: _____ Bar ID: _____

Law Firm: _____

E-Mail Address: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

Designated ECF contact person: _____

Bar Admission

_____ I am admitted to the bar of the United States District Court for the District of Nevada.

_____ I am not currently admitted to the bar of the United States District Court for the District of Nevada but I will, no later than three days after submission of this registration form, apply for admission to the District Court bar by satisfying the requirements of Local District Court Rule 1A 10-1, as incorporated by Local Bankruptcy Rule 1001(b)(2).

_____ I am not currently admitted to the bar of the United States District Court for the District of Nevada but I will, no later than three days after submission of this registration form, apply for permission to practice in this case only (pro hac vice) by filing a verified petition pursuant to Local District Court Rule 1A 11-2, as incorporated by Local Bankruptcy Rule 1001(b)(2).

Consent and Acknowledgment of Responsibility

My signature on this form certifies that I have read and agree with the following:

1. I have completed the online CM/ECF training available on the court's website.
2. I will abide by all of the CM/ECF System procedures, orders, rules, and requirements, and all subsequent amendments that are issued by the United States Bankruptcy Court for the District of Nevada and by the clerk of the court.
3. The CM/ECF user login and password serve as my signature on electronically filed documents for all purposes, including those under Fed. R. Bankr. P. 9011 and 28 U.S.C. § 1746. I understand and agree that using the CM/ECF login and password with respect to any document that I file has the same authenticating effect as if I had manually signed a paper version of the document, and then filed it with the clerk's office.
4. I understand that my user log-in and password may not be used as an accommodation for any other party pursuant to Local Rule 5005(b).
5. I understand that I am financially responsible to the court for the filing fee for every document that is electronically filed using my login and password.
6. I agree to make all reasonable efforts to protect the security of my login and password. I will immediately notify the ECF Help Desk at 866-232-1266 if I become aware or suspect that the security of my password has been compromised.
7. I agree to maintain and update my personal contact account information in the CM/ECF System, including my name, law firm or agency, address, telephone number, fax number, and e-mail address.
8. My signature on this registration form constitutes my consent in writing for purposes of Fed. R. Civ. P. 5(b)(2)(E) to the following: (1) consent to receive notice electronically and waiver of the right to receive notice by any other means; (2) consent to electronic service and waiver of the right to service by any other means, except with regard to service of a summons, subpoena, or other process; (3) consent to electronic service of a motion initiating a contested matter under Fed. R. Bankr. P. 9014; and (4) consent to notice by electronic transmission under Fed. R. Bankr. P. 9036, including notice of a judgment or order.
9. I understand that the failure to comply with the requirements acknowledged by me in this registration and the failure to pay filing fees constitutes misuse of the CM/ECF System. I further understand that these acts, and other forms of misuse, may result in one or more of the following: the dismissal of a bankruptcy case, the expungement of documents, the revocation of my login and password, the termination of my ability to file documents electronically, and the imposition of other sanctions.

STATEMENT OF RESPONSIBILITY FOR ATTORNEYS WHO ALLOW STAFF TO FILE DOCUMENTS ELECTRONICALLY (optional)

As the attorney responsible for all filings in my cases, I understand that I have been offered the opportunity to grant my staff permission to electronically file as a filing agent under my direction. I am aware of the online training available by the U.S. Bankruptcy Court for the District of Nevada. I have elected to proceed with electronic filing of documents by my staff without the ability to supervise the actual data input. I agree that I will take full responsibility and liability for the work of my staff in filing the documents through the CM/ECF system. This includes financial responsibility for any loss due to errors or omissions, damages or misuse of the system by my staff.

Staff Members authorized to use my CM/ECF account.

Signature

Date