

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA**

ATTORNEY/TRUSTEE CONSENT FORM FOR FILING AGENTS

Attorney Name: _____ Bar ID: _____

Law Firm: _____

E-Mail Address: _____

Street Address: _____

Phone Number: _____ Fax Number: _____

**STATEMENT OF RESPONSIBILITY FOR ATTORNEYS WHO ALLOW STAFF TO
FILE DOCUMENTS ELECTRONICALLY**

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 have elected to proceed with electronic filing of documents by my filing agent without the ability to supervise the actual data input. I agree that I will take full responsibility and liability for the work of my filing agent 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.

If additional filing agents need to be authorized, please submit an additional consent form.

Filing agents authorized to use my CM/ECF account:

Signature

Date