Electronic Case Filing (ECF)
Attorney Registration

This form is to be used by attorneys who meet the qualifications to file electronically using the CM/ECF System in the **U.S. Bankruptcy Court for the Southern District of Mississippi.** Electronic case filing is required to file documents with this Court pursuant to Miss. Bankr. L.R. 5005-1.

Attorney Contact Information

*First Name: _____ Middle Name: _____

*Last Name: _____ *Tel. # _____

Firm/Agency: _____ Fax: _____

*Mailing Address Line 1: _____

Address Line 2: _____

*City _____ *State _____ *Zip _____ MS Bar No. _____

Non-Resident Attorney

I am a member in good standing in the following State(s) *(include Bar No.)* _____

Pursuant Miss. L. R. 9010-1, I am authorized to appear before this court. *(Select applicable authority)*

☐ I am admitted *pro hac vice* and understand my ECF filing privileges are limited to cases where I am admitted *pro hac vice*. ***(Miss. L.R. 9010-1(b)(1))*** _____ Case number(s) admitted *pro hac vice*

☐ I request electronic filing privileges under ***Miss. L.R. 9010-1(b)(2)(D).*** I am in good standing in another U.S. District Court (set out below), and I represent a government agency/entity.

Specify Government Agency/Entity:

_____

ECF E-mail Information

Your login and password will be sent to the primary e-mail address entered below. You must enter a valid e-mail address in order to obtain an ECF login. If you would like notices sent to an additional e-mail address(es) enter the e-mail address(es) in the secondary e-mail field below.

☐ *Primary E-mail _____

☐ Secondary E-mail _____

ECF Training Status

☐ I have completed ECF training with this Court on _____ in _____

☐ I am certified to file electronically using CM/ECF and in good standing with the following federal courts:

Electronic Case Filing (ECF)
Attorney Filer Registration

1. I agree that a filing made with my judiciary login and password constitutes my signature for all purposes, including the Federal Rules of Bankruptcy Procedure and the local rules of the court, and shall have the same force and effect as if I had affixed my signature on a paper document being filed. Signatures will be indicated by "/s/" and the typed name of the person signing in the following format: "/s/ Jane Smith" on the signature line.

2. I agree to adhere to local rules, orders, policies, and administrative procedures governing electronic filing for the court.

3. I agree to pay fees incurred for transactions made in CM/ECF in accordance with 28 U.S.C. §1930 and the Bankruptcy Miscellaneous Fee Schedule.

4. I agree to protect the security of my password.

5. I will change my password through my CM/ECF account and immediately notify the court if I suspect it has been compromised.

6. I agree to maintain my contact information (e.g., email address, mailing address, telephone number(s), and facsimile number). All changes will be made through my CM/ECF account.

7. I understand that electronically filed documents requiring original signatures from any person other than me must be maintained by me in paper form, bearing the original signatures, for one year after the case is closed in the bankruptcy court. Upon the court's request, I must provide the original signed documents for review.

8. I agree to comply with the redaction requirements, pursuant to Fed. R. Bankr. P. 9037 I understand that filers, and not the court, are solely responsible for redacting documents.

9. If terms and conditions change, information regarding the changes will be posted at: www.mssb.uscourts.gov. I understand that it is my responsibility to read any posted changes. Continued use of my CM/ECF account following any posted changes means that I accept and agree to the changes.

10. I am an attorney admitted and in good standing to practice law in the Southern District of Mississippi or otherwise authorized to appear before this court pursuant to Miss. Bankr. L.R. 9010-1.

I certify under penalty of perjury that the information I am submitting to register for electronic filing is true and correct. I acknowledge that I have read and agree to the terms and conditions above.

Date: _____

_____
Applicant's Signature

Complete, sign, and return this registration form via email to: MSSB_IT@mssb.uscourts.gov or regular mail to Clerk, U.S. Bankruptcy Court, Attn: ECF Registration, P.O. Box 2448, Jackson, MS 39225-2448. For additional assistance regarding registration call the court at 601-608-4600.