

U.S. Bankruptcy Court for the District of Massachusetts

Application for Limited ECF Access

This application is for creditors and attorneys representing creditors who wish to file proofs of claim, notices of transfer or assignment of claim, notices of withdrawals of claim, supplements to claim, notices of appearance and requests for notice. The Limited Use Applicant must be an employee or authorized agent to file the above-referenced documents on behalf of the Creditor Entity or Firm. A login and password are issued to qualified applicants so they may file documents on behalf of the creditor entity or firm.

Creditor Entity/Firm Name: _____

Address: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax Id # _____ Email Address: _____

The undersigned certifies under penalty of perjury that 1) he or she is properly authorized to submit this Limited Use Application form on behalf of the Creditor Entity/Firm identified above, 2) the Limited Use Applicant identified on this form is authorized by the Creditor Entity/Firm to file the above-referenced documents and 3) by submitting this form the Creditor Entity agrees to adhere to the terms and conditions specified on this form.

Signature

Date

Print Name

Title

Limited Use Applicant

Name: _____

Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Bar Id# (If applicable): _____ State of: _____

Prior ECF Experience/Training another jurisdiction: (complete only if applicable)

Court Name: _____

Address: _____

Telephone Number: _____

Contact Person (for verification of participant status): _____

The Bankruptcy Court for the District of Massachusetts reserves the right to require onsite training in the use of the CM/ECF system prior to the issuance of a user login and password to any prospective or current participant.

Claims or Other limited Use Application: (Check all that apply)

I affirm that I am authorized to prepare and file on behalf of the list Creditor Entity/Firm the following:

- Proofs of Claim
- Notice(s) of Appearance (or Creditor's Requests for Notice)
- Notices of Withdrawal of Claim
- Notices of Transfer/Assignment of Claim
- Supplements to Claim

As the Limited Use Applicant, I _____, hereby declare and
(Please print)

certify under penalty of perjury that by registering for ECF and signing this form, the Creditor Entity/Firm and I understand and agree to the following:

1. Upon acceptance of this Limited Use Application and issuance of a login and password by the Court, I become a Registered User of the Court's ECF System entitled to file documents on behalf of the Creditor Entity/Firm listed.
2. I understand that use of the my login and password to file a document in the record of a bankruptcy case or proceeding with the /s/ and my typed name will constitute my signature upon, and my signing of any declarations, verifications, proofs of claim, creditor requests for notice, notices of appearance, transfers or assignments of claims, or proofs of claim or other papers involving a child support creditor, or other papers or documents filed by use of the password obtained pursuant to this Application (my password), for all purposes authorized

and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable nonbankruptcy law. **I understand that criminal penalties may apply for falsifying or filing a false or fraudulent document electronically.**

3. As the Registered User, it is my responsibility to protect and secure the password issued by the Court. **No Registered User may knowingly permit or cause to permit their assigned password to be utilized by any other person.** If any reason exists to suspect the password has been compromised in any way, it is the responsibility of the Registered User or Creditor Entity/Firm to notify the Court immediately.
4. If the Registered User ceases to be an employee or agent of the Creditor Entity/Firm on whose behalf the Registered User was authorized to file electronically or ceases for any reason to be authorized to file electronically for that Creditor Entity/Firm, the Creditor Entity/Firm will immediately inform the Court and cease using the login and password issued. If any information provided on this form changes, the Register User or the Creditor Entity/Firm will promptly send an amended registration form to the Court.
5. Each time the Register User electronically files a document through the Court's ECF system, they are certifying that:
 - a. They are authorized to file the document(s) by the Creditor Entity/Firm on whose behalf the document is being filed.
 - b. The Creditor Entity/Firm is the same entity stated on the Registered Users Limited Access Application.
 - c. The individual whose signature appears on the original document(s) has authorized the filing of that document.
6. Registered Users shall serve any document filed electronically in accordance with the applicable rules.
7. The Registered User is responsible for adding the creditor and the correct mailing address to the creditor matrix if the current address is incorrect.
8. The Limited Use Applicant has met the following requirements:
 - I have an Internet Service Provider
 - I have an Internet Browser
 - I have a computer that has and is capable of running Adobe Acrobat (Adobe Reader is not sufficient) and word processing software (Microsoft Word or Corel's WordPerfect).
 - A scanner with a document feeder that is able to scan a document, save it as a PDF

document, and open it again as a PDF document.

- I have a PACER Account

9. I understand that training is not required for a limited use registration however any abuse or continual errors in the ECF System may be reason for action by the Court including mandatory retraining, suspension or termination of my electronic filing privileges.

I DECLARE THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Limited Use Applicant

Date

Printed Name: _____

Business Address 1: _____

Address 2: _____

Address 3: _____

City: State Zip: _____

Bar ID #(s) and State #(s) if applicable: _____

Internet e-mail address

Telephone Number

Signatory for Creditor Entity/Firm

Date

Telephone Number

When completed, send to:

**Clerk, U.S. Bankruptcy Court
ATTN: SYSTEMS DEPARTMENT - CONFIDENTIAL
John. W. McCormack Post Office and Court House
5 Post Office Square, Suite 1150
Boston, MA 02109-3945**