United States Bankruptcy Court - District of Massachusetts

Attorney Application and Certification

All items below must be completed and initialed or the Attorney Application and Certification will be rejected.

1. As the Attorney Applicant (the "Registered User"), I, hereby decl submitting this Attorney Application and Certification, I certify and agree to the following:	lare that by registering for ECF and by
Please select one of the following:	
I am currently a member in good standing of the bar of the United States District Court for the admission is:; or	e District of Massachusetts. My date of
In compliance with the Local Bankruptcy Rules of the United States Bankruptcy Court for the 19010-1(f), I am currently a member of the bar of any other United States District Court or the bull I have filed a Motion to Appear Pro Hac Vice which has been granted in Case No:	oar of the highest court of any state, and
I am currently an attorney for the U.S. Department of Justice authorized to practice before thi following federal government agency:	s court. I am currently representing the
Initial:	
2. I understand that the user login and password required to submit documents to the ECF User's signature on all electronic documents filed with the Court including those requiring perjury, in accordance with Fed. R. Bankr. P. 9011. I agree to protect and secure my password Electronic Filing Rules, Rule 2(e), and I will immediately contact the Court at ecf_accounts@reason to suspect that my password has been compromised in any way.	signatures under the penalties of ord(s), as stated in MLBR Appendix 8,
Initial:	
3. I further agree to abide by the MLBR and procedures currently in effect as of the date of Certification and any changes or additions that may be made to the MLBR in the future, incorders of the Court.	
Initial:	
4. I understand that by submitting this Attorney Application and Certification, I agree to w documents under Fed. R. Bankr. P. 7004, as provided in MLBR, Appendix 8, Rule 9.	raive conventional mail service of
Initial:	
5. I have met the following requirements:	
☐ I have internet access;	
$\hfill \hfill \hfill$ I understand that I must use an internet browser compatible with ECF and that the in can be found in the ECF login page;	formation on compatible browsers
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	red; and

I have a PACER Account.
Initial:
6. I certify that my office staff and I possess the technical skills required to file documents electronically.
Initial:
7. I agree that my office staff and I will refer to the Attorney User Manual found on the Court's website at www.mab.uscourts.gov if we are unsure as to how to file a document.
Initial:
8. I understand that repeated and/or egregious filing errors by me or my office staff in the ECF System may be reason for action by the Court as stated in MLBR, Appendix 8, Rule 2(g).
Initial:
I AGREE TO COMPLY WITH THE ABOVE REQUIREMENTS AND AGREEMENTS, AND I DECLARE THAT THE FOREGOING REPRESENTATIONS OF FACT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
Signature of Attorney (Registered User):
Attorney Name:
Office:
Street Address:
City:
State & Zip Code:
Phone Number:
Email Address:
MA BBO#:
Non-MA Bar ID and State:

Please print this document, sign above "Signature of Attorney", initial, scan, and e-mail to: ecf_accounts@mab.uscourts.gov