

**United States Bankruptcy Court
Western District of Wisconsin**

Case Management/Electronic Case Files
Attorney/Participant Registration Form

This form shall be used to register for an account on the Court's Case Management/Electronic Case Files (CM/ECF) system. Registered attorneys and other participants will have privileges both to electronically submit documents, and to view and retrieve electronic docket sheets and documents as available for cases assigned to the CM/ECF system. The following information is required for registration:

First/Middle/Last Name:

Last four digits of SSN:

Attorney Bar #:

State:

Firm Name:

Firm Address:

Phone Number:

Fax Number:

E-Mail Address:

Information regarding prior experience/training with CM/ECF in another jurisdiction (if applicable):

Court name:

Address:

Phone Number:

Contact person (for verification of participant status):

The Bankruptcy Court for the Western District of Wisconsin 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 participant.

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This system is for use only in cases permitted by the U.S. Bankruptcy Court for the Western District of Wisconsin. It may be used to file and view electronic documents, docket sheets, and notices.
2. Pursuant to Federal Rule of Civil Procedure 11, every pleading, motion, and other paper (except list, schedules, statement, or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney/participant's password issued by the

Court, combined with the user's identification, serves as and constitutes the attorney/participant's signature. Therefore, an attorney/participant must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney/participant to immediately notify the Court. This should include the resignation or reassignment of the person with authority to use the password. The attorney/participant should change the password immediately.

3. I hereby authorize the Court to make charges upon the credit card I have provided for any applicable fees required in conjunction with filings I make. I understand that it is my responsibility to provide the Court with any changes to my credit card information and failure to do so may result in temporary loss of my login to the System.
4. An attorney/participant's registration will constitute a waiver in law of conventional service of documents, and the attorney/participant agrees to accept service of notice on behalf of the client of the electronic filing by hand, facsimile or authorized e-mail. Participants agree that service of the "Notice of Electronic Filing" generated by the Court's CM/ECF System in connection with any pleadings filed electronically will be the equivalent of service by first class mail, postage prepaid.
5. The undersigned attorney agrees to abide by the most recent set of Administrative Procedures for Electronic Case Filing promulgated by the Court, and all technical and procedural requirements set forth therein.

Please return to:

**U.S. Bankruptcy Court
Western District of Wisconsin
120 N. Henry Street, Room 340
P. O Box 548
Madison, WI 53701**

Applicant Signature

FOR OFFICE USE ONLY:

**APPROVED BY:
PASSWORD #:**

DATE: