

# U.S. Bankruptcy Court - Southern District of California

## CM/ECF Registration Full Access Login & Password

**Directions:** Complete the registration form and test. When you have finished, save a copy of this PDF file to your computer. E-mail completed registration and test to:  
casb\_training@casb.uscourts.gov

### 1. Your Name:

### 2. I am a(n):

<input type="checkbox"/> Attorney who will file electronically for myself	<input type="checkbox"/> Staff member in an attorney's office who will be filing electronically for an attorney
---	---

### 3. If you are an attorney staff member, answer questions 3a & 3b:

a. What is your attorney's name?
b. What is your position?

### 4. Your Office:

Firm Name:
Address:
City, State, ZIP:

### 5. Telephone (with area code):

### 6. Attorney's E-mail Address:

### 7. Your E-mail Address :

### 8. Is the attorney a member of the Southern District of California Bar?

<input type="checkbox"/> Yes	If yes, enter California State Bar Number : _____	<input type="checkbox"/> No
------------------------------	---	-----------------------------

### 9. I have CM/ECF logins and passwords for: (check all that apply)

<input type="checkbox"/> U.S. Bankruptcy Court - Southern District of California
<input type="checkbox"/> Other Bankruptcy Court(s): (Specify at least one court) _____
<input type="checkbox"/> District Court(s): (Specify at least one court) _____