

United States Bankruptcy Court - Southern District of California

**CM/ECF Attorney Training Waiver
and Request For Password**

Directions: Please complete this fillable pdf form, print it to paper and sign it, as an original signature is required. This form can be mailed to US Bankruptcy Court, Training Department, 325 West F Street, San Diego, CA 92101; or you can scan the form to a pdf and submit it as an e-mail attachment to casb_training@casb.uscourts.gov.

I, _____, swear and affirm that I am a member of the bar in good standing in the State of _____. By submitting this application and receiving a password, I agree to adhere to the court's General Order #162 authorizing electronic case filing, any supplements and/or amendments thereto, the Administrative Procedures for Filing, Signing, Maintaining and Verifying Pleadings and Papers, and any rules promulgated for the court's electronic filing system (CM/ECF System). I am providing the following information as a condition of seeking a waiver of my participation in the CM/ECF training.

Attorney Name	Bar ID #

Firm
Firm Name:
Address:
City, State, ZIP:

Telephone (with area code)	FAX
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E-mail Address

I have read and understand the following:

1. The CM/ECF system provides the ability to file and view electronic documents, docket sheets, and to receive electronic notice of case activities.
2. I have met /will meet with my staff to review the CM/ECF training they received at the Bankruptcy Court.
3. I have met all the hardware and software requirements promulgated by the court for system use. I understand the current minimum requirements for filing documents as posted on the court's website.

4. Each use of my password for filing documents will meet the requirements of Fed. R. Civ. P.11, Fed. R. Bank. P.9011 and the Local Bankruptcy Rules. I understand that the use of my password constitutes my signature on the document being submitted. If I submit a document for another party, I understand it is my responsibility to maintain a copy of that document bearing the signer's signature in my records.

5. Inasmuch as the combination of my identification with my password constitutes my signature, I agree to protect and secure the confidentiality of my password. Therefore, if I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the court in writing. Moreover, it is also my responsibility to immediately inform the court of any change in my firm's affiliation, address, telephone, fax or e-mail addresses.

Attorney Applicant Signature

Date Signed

(original signature required)

**The below information applies to CM/ECF Training received at the
US Bankruptcy Court in Southern District of California**

Name of staff member(s) completing (or completed) CM/ECF Training on attorney's behalf:

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If above-named staff already trained, enter date of training or certification:

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