

**UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF VIRGINIA**

**CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM  
PARTICIPANT REGISTRATION FORM**

I am requesting **LIMITED FILING PRIVILEGES** for filing documents in the CM/ECF system in the US Bankruptcy Court for the Western District of Virginia. Limited filing privileges shall be limited to the authorization to file proofs of claim, transfers of claims, and requests for notice via the court's Electronic Case Filing System (ECF).

To complete this form please do the following: fill out the form, print the form, sign and date, scan to Adobe PDF format and e-mail to [CMHelpdesk@vawb.uscourts.gov](mailto:CMHelpdesk@vawb.uscourts.gov)

The following information is required for CM/ECF registration:

Name:

Mailing Address:

Voice Phone No.

E-Mail Address:

**Limited Participants:**

**Agency/Company**

By signing and submitting this registration form, I agree to abide by the following requirements:

**Limited Participants:**

*Signatures on documents filed pursuant to this authorization shall be indicated by /s/ and the typed name of the person signing in the following format: /s/ John Doe on the signature line. The use of my password constitutes my signature for all purposes under the Federal Rules of Bankruptcy Procedure and the Local Rules of this court.*

*The login and password for filing shall be used exclusively by me and by any person to whom I give authorization and for whose actions in the use thereof I acknowledge responsibility. I will not knowingly permit my login and password to be used by anyone who is not so authorized.*

*I will contact the Clerk of Court to report any suspected compromise of my password.*

*I will abide by all of the requirements of the Administrative Procedures of the Court which are currently in effect as well as any changes or additions that may be made later.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature