

**UNITED STATES BANKRUPTCY COURT EASTERN
& WESTERN DISTRICTS OF ARKANSAS**

**ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM**

LIVE SYSTEM

This form shall be used to register for an ATTORNEY ACCOUNT on the U.S. Bankruptcy Court for the Eastern & Western Districts of Arkansas Electronic Case Filing (ECF) System (hereafter "System"). A registered user will have privileges to submit documents electronically, and to view and retrieve docket sheets and documents for all cases assigned to the Eastern & Western Districts ECF system. (NOTE: a PACER account is necessary for access to files and documents. You may register for a PACER account either online at <http://pacer.psc.uscourts.gov/> or by calling 1-800-676-6856).

First/Middle/Last Name:

Bar ID#:

State of Admission:

Firm Name:

Mailing Address:

Voice Phone Number:

Fax Phone Number:

Internet E-Mail Address:

Other Federal Courts in
which I have an ECF Login:

By submitting this registration form the applicant agrees to adhere to the following rules:

1. This access is for use only in ECF cases filed in the U.S. Bankruptcy Court for the Eastern & Western Districts of Arkansas. It may be used to file and view electronic documents, docket sheets, and reports. NOTE: a PACER account is necessary for this access (see above for registration information).

2. The user's password shall constitute the user's signature. Therefore a user must protect and secure the password. If there is any reason to suspect the password has been compromised, it is the duty of the user to immediately change their login and password. After doing so, the user should contact the ECF Help Desk at (501)918-5590 to report the suspected password compromise.
3. To the extent permitted under the applicable federal rules, registration constitutes consent and agreement to electronic service of and to electronic notice of all documents, in lieu of service and/or notice by first class mail, postage prepaid.
4. I understand that by submitting an application for a password I agree to adhere to all of the rules and regulations in the Administration Procedures for Electronically Filed Cases currently in effect, and any changes or additions that may be made to such Administrative Procedures.
5. I understand that if I choose to authorize an employee to act on my behalf in communication with the Court to receive my login and password that I am the responsible party and agree to adhere to all of the rules and regulations set forth.

Attorney Signature

Last 4 Digits of Social Security Number (for security purposes)

Authorized Employee
(Please Type or Print)

Please return this form to the Little Rock office at:

U.S. Bankruptcy Court
Attn: ECF Help Desk
300 W. 2nd Street
Little Rock, AR 72201