

UNITED STATES BANKRUPTCY COURT  
EASTERN & WESTERN DISTRICTS OF ARKANSAS

ELECTRONIC CASE FILING SYSTEM  
OUT OF STATE ATTORNEY/PARTICIPANT 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") by attorneys who (1) reside and practice outside of Arkansas and (2) represent parties in Arkansas on a *pro hac vice* basis. 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:

In order to qualify for an account on the system, an out of state attorney must certify that he/she meets the conditions below. Please check the boxes below.

I am currently registered as an ECF attorney filer in a United States Court. Please indicate court and district (s):

I have read the Electronic Case Filing (ECF) Administrative Procedures and Local Rule 2090-1 regarding admission *pro hac vice*.

1. 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 had 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.
2. 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.
3. 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.

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Applicant's Signature

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

Please return this form to the Little Rock office at:

U.S. Bankruptcy Court  
Attn: ECF Help Desk  
300 W. 2<sup>nd</sup> Street  
Little rock, AR. 72201