

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

**FINANCIAL MANAGEMENT COURSE
PROVIDER REGISTRATION FORM**

This form is to be used by **personal financial management course providers** to register for limited filing privileges to electronically file documents using the CM/ECF System in the U.S. Bankruptcy Court for the Eastern and Western Districts of Arkansas. The limited filer may only perform specified transactions, as specified in paragraph 2 of this form. **NOTE: If you are an attorney or creditor filer, do not complete this form. Complete the attorney filer or creditor filer registration form.**

“Firm” is the name of the entity on whose behalf an employee or agent (“Filer”) is to be issued a login and password and authorization to file electronically. Complete a separate form for each corporation or other distinct legal entity.

FIRM INFORMATION

Firm Name: _____	Firm Tax ID# _____
Firm Address: _____	City/State/Zip: _____
Firm Contact Person: _____	Firm Contact's Phone # _____

AUTHORIZED FILER INFORMATION

Authorized Filer's name: _____	Filer's E-mail: _____
Filer's Address (if different than Firm's): _____	City/State/Zip: _____
Filer's Phone #: _____	Fax #: _____
Other ECF Courts Filer is registered with: _____	

By submitting this registration form, the Firm and Filer agree as follows:

1. I, the limited filer, agree that a filing made with my judiciary login and password constitutes my signature for all purposes, including the Federal Rules of Bankruptcy Procedure and the local rules of the court, and shall have the same force and effect as if I had affixed my signature on a paper document being filed. Signatures will be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith” on the signature line.
2. I agree to adhere to the local rules, general orders, policies, and procedures governing electronic filing for the court. I have read the Court’s Administrative Procedures for Electronically Filed Cases and Related Documents. I understand that a limited filer’s privileges are narrow in scope. I will only use CM/ECF to electronically file the following: **personal financial management course certificates**. The court reserves the right to modify these options or add additional options as deemed necessary.
3. I must pay any fees incurred for transactions made in CM/ECF in accordance with 28 U.S.C. § 1930 and the Bankruptcy Miscellaneous Fee Schedule.
4. I agree to protect the security of my password.

5. I will change my password through my CM/ECF account if I suspect it has been compromised and immediately notify the court.
6. I agree to maintain my contact information (e.g., email address, mailing address, telephone number(s), and facsimile number). All changes will be made through my CM/ECF account.
7. I understand that electronically filed documents requiring original signatures from any person other than me must be maintained by me in paper form, bearing the original signatures, in accordance with the Court's Administrative Procedures for Electronically Filed Cases and Related Documents.
8. I agree to comply with the redaction requirements, pursuant to the Federal Rules of Bankruptcy Procedure, and any applicable local rules, general orders, policies, and procedures. I understand that filers, and not the court, are solely responsible for redacting documents.
9. I understand that using my limited filer privileges to monitor general activity in any case in which I have not filed a document is beyond the scope of my limited filer privileges. The limited filer account is intended to perform specified transactions, as set forth in paragraph 2. In order to view and retrieve electronic docket sheets and documents available on CM/ECF, I will use PACER. [Note: A PACER login and password may be obtained from the PACER Service Center. Registration for a PACER account is available online at <http://pacer.psc.uscourts.gov>. For assistance, call 1-800-676-6856.]
10. To the extent permitted under the applicable federal rules, registration shall constitute a request and an agreement to receive service of pleadings and other papers electronically where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
11. By contacting the court, I may request to terminate my status as a limited filer at any time. If I cease to be an employee or agent of an entity on whose behalf documents are being electronically filed, or for any other reason cease to be authorized to file electronically on behalf of said entity, I will promptly contact the court and request to terminate my filing privileges.
12. **I understand that, since I am a provider of a post-petition instructional course concerning personal financial management and I am filing a certificate of the debtor's completion of the course, the certificate must be timely filed in accordance with Fed. R. Bankr. P. 1007(c) and any other applicable rule, including but not limited to 28 C.F.R. § 58.35(b). I understand that my limited filer privileges may be revoked if I do not file a certificate of a debtor's completion of the course in a timely manner, as failure to do so could result in the closing of the debtor's case without a discharge. I understand that, if my filing privileges are revoked by the court, the court will notify the Executive Office for U.S. Trustees of the revocation.**
13. At any time without advance notice, the court may, *sua sponte*, terminate my account for any reason and require future documents to be filed conventionally or in any other format specified by the court
14. I understand that it is my responsibility as the limited filer to read and monitor any changes to the Federal Rules of Bankruptcy Procedure, and any applicable local rules, general orders, policies, and procedures. Continued use of my CM/ECF account following any such changes means that I accept and agree to the changes.

I certify under penalty of perjury that the information I am submitting to register for electronic filing is true and correct and that I am authorized to submit this Financial Management Course Provider Registration Form. I acknowledge that I have read and agree to the terms and conditions above.

Filer's Signature

Signature of Firm Contact

Date

Firm Contact's position with the Firm

Please mail to:

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

For questions regarding

registration, call: (501) 918-5504

Or

Fax to: (501) 918-5503