

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK
ELECTRONIC CASE FILING SYSTEM
LIMITED ACCESS PASSWORD APPLICATION**

LIVE SYSTEM

I, _____, swear or affirm that I am authorized to prepare and file documents such as Claims, Transfers of Claim, Reaffirmation Agreements and Notices of Appearance on behalf of the Company listed below. By submitting this application and receiving a password, I agree to adhere to the court's order authorizing electronic case filing, any supplements and/or amendments thereto and the rules promulgated for the court's ELECTRONIC CASE FILING (ECF) SYSTEM. I am providing the following information as a condition of receiving my password:

Name/Title: _____

Member of the Bar of the State of (Attorneys only) _____

First Initial/Last Initial/Last 4 #'s of Social Security Number: _____

Company Name: _____

Address: _____

Phone #: _____ FAX #: _____

Internet E-Mail Address: _____

Officer or Manager of the Company/Title (*required*) _____

Phone #: _____ FAX #: _____

I consent to delivery of my assigned System password to the above-referenced e-mail address.

Following is a list of Bankruptcy Courts in which I file Claims & Notices of Appearance electronically:

I have read and understand the following rules:

1. I will employ the Electronic Case Filing System for cases filed in the United States Bankruptcy Court for the Eastern District of New York.
2. I will meet all hardware and software requirements disseminated by the court for system use. I understand that the current minimum requirements for filing documents are: a personal computer running a standard Windows platform (Windows 98/Me/NT/2000/XP); an Internet provider using Point to Point Protocol (PPP) for dial-up service, or offering DSL or cable service; Netscape Navigator 7.2 or higher or Microsoft Internet Explorer 6.0 or higher; Adobe Acrobat 4.01 or higher [to convert word processor format documents to portable document format (PDF)]; and a document scanner.

3. Each use of my password for filing documents will meet the requirements of Fed. R. Civ. P. 11, Fed. R. Bankr. P. 9011 and Local Bankruptcy Rule 9011-1. I will not submit any document on behalf of any company or firm without the express authorization of the individual whose signature appears on the document.
4. 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 company affiliation, addresses, telephone, fax or E-mail address.
5. In compliance with the Electronic Filing Procedures General Order, I understand that no exhibit to an electronically filed document, other than a proof of claim, is to exceed 20 pages. When filing a proof of claim, I will place the entire claim on the docket, including multiple exhibits where necessary.
6. I agree to maintain a hard (paper) copy of the originally executed claim or document, and/or original exhibits for two years after the entry of a final order terminating the case or proceeding to which the document relates. On request of the court, the filer must provide original documents for review.
7. I understand that I am responsible for adding (when necessary) the correct name and address information to the list of creditors for receipt of notices.
8. I understand that receipt of a password and access to the ECF Filing System is contingent upon my completing the Eastern District Bankruptcy Court Limited Access Password Application.
9. I understand that the issuance of a password to me does not constitute a waiver of conventional service pursuant to the court's Electronic Filing Procedures General Order.
10. I understand that I will receive a Limited Access Password and be permitted to only file Claims, Transfers of Claim and Notices of Appearance. The court reserves the right to add or subtract limited access docketing options as deemed necessary.

Date: _____

Applicant Signature

Please return to:

Attn. ECF Creditor Registration
United States Bankruptcy Court
Eastern District of New York
290 Federal Plaza
PO Box 9013
Central Islip, New York 11722

FOR COURT OFFICE USE ONLY:

Date reviewed for compliance: ___/___/___

Authorized by: _____

(7/31/09)