



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TENNESSEE**

Electronic Case Filing (ECF) System  
Attorney Registration Form

**NAME:** \_\_\_\_\_

**BAR ID# and STATE:** \_\_\_\_\_

**FIRM/BUSINESS NAME:** \_\_\_\_\_

**ADDRESS FOR NOTICING:** \_\_\_\_\_

Street Address or Post Office Box

\_\_\_\_\_

City, State, Zip Code

**PHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS(ES) FOR NOTICING IN ECF:** \_\_\_\_\_

**I AM REGISTERING FOR ATTORNEY ACCESS.**

**BY SUBMITTING THIS REGISTRATION FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING:**

1. I declare, under penalty of perjury, that I am either admitted to practice in the United States Bankruptcy Court for the Eastern District of Tennessee or that I will seek, or have been granted, permission to practice *pro hac vice* in the United States Bankruptcy Court for the Eastern District of Tennessee.

2. Upon completion of the registration process my PACER username and password will permit me to file pleadings and documents electronically in the Bankruptcy Court for the Eastern District of Tennessee. The use of this account in the ECF system will identify me and will serve as and constitute my signature for all purposes, including Fed. R. Bankr. P. 9011. It will be my responsibility to protect and secure the confidentiality of my account, and I understand that if I allow my account to be used by anyone other than myself I do so at my own risk. If I believe that the security of my account has been compromised in any way, I will immediately notify PACER.

3. I waive the right to notice and service by personal service or first-class mail and consent to receive notice electronically, except with regard to service of a summons and complaint under Fed. R. Bankr. P. 7004. I also consent to electronic notice of the entry of a judgment or order under Fed. R. Bankr. P. 9022(a). I agree to maintain an active e-mail address in order to receive notices and orders electronically.

4. I will maintain my PACER account and immediately update any changes to my address, telephone number or e-mail address(es) in PACER.

5. I will abide by the Local Rules for the United States Bankruptcy Court for the Eastern District of Tennessee, as adopted and as may be amended from time to time by the court.

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**Applicant's Signature**

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**Date**

**TRAINING REQUIREMENT WAIVER**

**If the applicant is seeking a waiver of the training requirement, then the applicant must execute the following statement:**

By signing this statement below, I certify that I am currently an ECF registered user in another **bankruptcy** court, listed below, that I have reviewed the Local Rules for the United States Bankruptcy Court for the Eastern District of Tennessee; and that I understand that all electronic filings are subject to these rules.

List the name of a **bankruptcy** court in which you are an ECF registered user below.

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**Applicant's Signature**

**Please return this form to one of the following addresses or fax numbers:**

United States Bankruptcy Court  
Attn: ECF Registration  
Historic U. S. Courthouse  
31 E. 11<sup>th</sup> Street  
Chattanooga, TN 37402  
Fax: 423-752-5169

or

United States Bankruptcy Court  
Attn: ECF Registration  
James H. Quillen U. S. Courthouse  
220 West Depot, Ste. 218  
Greeneville, TN 37743  
Fax: 423-787-0714

or

United States Bankruptcy Court  
Attn: ECF Registration  
Howard H. Baker, Jr. U. S. Courthouse  
Knoxville, TN 37902  
Fax: 865-545-4271

ECFmail@tneb.uscourts.gov