

**UNITED STATES BANKRUPTCY COURT – SOUTHERN DISTRICT OF ALABAMA  
LOCAL FORM NO. 1  
APPLICATION FOR ATTORNEY PASSWORD FOR ELECTRONIC CASE FILING SYSTEM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Bar ID:** \_\_\_\_\_ **State of** \_\_\_\_\_

1. I affirm that I am admitted to practice in the United States Courts for the Southern District of Alabama and that the information set forth herein is true and correct, or if applying to appear Pro Hac Vice, I am admitted to practice in \_\_\_\_\_
2. I understand that use of the password to be obtained pursuant to this Application (my password) to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon my signing of any petitions, schedules, statements, matrices, declarations, verifications, motions, briefs, pleadings or other papers or documents filed by use of my password, for all purposes authorized and required by law, including, without limitations, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable nonbankruptcy law.
3. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of one year after the case or proceeding in which the documents have been filed has closed.
4. I understand that it is my responsibility to protect and secure the confidentiality of my password, and that if I allow my password to be used by anyone other than myself that I do so at my own risk. If I believe that my password has been compromised, it is my responsibility to notify the court in writing immediately.
5. I also understand that it is my responsibility to notify the court immediately of any change in my address, telephone number, fax number, or email address.
6. I agree to adhere to court procedures for the Electronic Case Filing System. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures, and I acknowledge and accept the requirement that I have undergone training by the office of the Clerk of the Bankruptcy Court prior to issuance of my password or that such training has been waived.
7. I have attended CM/ECF training and I have been issued a login/password by the following court(s):  
\_\_\_\_\_
8. I understand that payment of all required filing fees shall be made by credit card and that by my signature below I authorize the court to enable my ECF account to accept payments from me electronically.

\_\_\_\_\_  
**ATTORNEY SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPROVED BY**

\_\_\_\_\_  
**DATE**