



**UNITED STATES BANKRUPTCY COURT**  
DISTRICT OF NEW HAMPSHIRE  
55 PLEASANT STREET, ROOM 200  
CONCORD, NEW HAMPSHIRE 03301

**ATTORNEY APPLICATION FOR CM/ECF ACCESS**

In addition to submitting an electronic request for access through PACER, attorneys shall use this form to request CM/ECF access to file documents electronically using their PACER credentials. The following information is required for registration:

**Name:** \_\_\_\_\_ **NH Bar ID Number:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

I have read, understand, and agree to the following:

1. **I am admitted to practice in the United States Bankruptcy Court for the District of New Hampshire in accordance with Local Bankruptcy Rule (“LBR”) 2090-1.** Use of a PACER account to file documents electronically is subject to my meeting all requirements for admission to the United States Bankruptcy Court for the District of New Hampshire under LBR 2090-1.

*\*\*If admitted pro hac vice, attach a copy of the order.*

2. I will utilize the CM/ECF system to file documents electronically with the U.S. Bankruptcy Court for the District of New Hampshire. I will meet all CM/ECF system hardware and software requirements. I understand that the current minimum requirements for filing documents using CM/ECF include a personal computer running a standard platform (e.g., Windows or Mac OS X), an Internet Service Provider, a web browser (the latest versions of Firefox, Chrome or Microsoft Edge are recommended), software to convert documents from word processor format to portable document format (PDF), Adobe Reader, and a document scanner.
3. I have read LBR 5005-4 and Administrative Order (“AO”) 5005-4 and understand the obligations imposed therein. I agree to adhere to the Court’s procedures for filing documents using CM/ECF. I understand that it is my responsibility to learn CM/ECF functionality updates as they occur.
4. Each use of my PACER login and password for filing documents will meet the requirements of Federal Rule of Bankruptcy Procedure 9011. I understand that, pursuant to AO 5005-4(c)(1), any use of my PACER login and password to electronically file using CM/ECF constitutes my signature on the document being submitted.
5. Because my PACER login and password constitute my signature pursuant to AO 5005-4(c)(1), I agree to protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, it is my responsibility to immediately notify the Court in accordance with AO 5005-4(a)(3). Moreover, it is also my responsibility to immediately inform the

Court of any change in my firm affiliation, address, telephone number, or e-mail address, and to request an update to my account via PACER.

6. I understand that being granted access to CM/ECF constitutes:
- a. A waiver of the right to receive notice by first class or certified mail, consent to receive notice electronically, and my agreement to accept Notices of Electronic Filing by e-mail, hand, or first-class mail in lieu of conventional service;
  - b. A waiver of the right to service by personal service, first class or certified mail and consent to electronic service, except for service of a summons and complaint under Federal Rule of Bankruptcy Procedures 7004, in accordance with AO 5005-4(b)(1);
  - c. A waiver of service and notice by first class or certified mail of notice of the entry of an order or judgment under Federal Rule of Bankruptcy Procedure 9022; and
  - d. My commitment to use the automatic e-mail notification feature of the CM/ECF system whenever feasible.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Clerk's Office, United States Bankruptcy Court, 55 Pleasant Street, Room 200, Concord, New Hampshire 03301, Attn: CM/ECF Unit. If you have any questions, please call (603) 222-2625 or (866) 252-6323.

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**FOR INTERNAL USE ONLY**

☐ U.S. District Court Admission

☐ *Pro Hac* Vice Admission

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

CSO Request Date: \_\_\_\_\_

CSO Login: \_\_\_\_\_

BNH No.: \_\_\_\_\_

CSO ID: \_\_\_\_\_

Approval:

\_\_\_\_\_  
Deputy Clerk

Date: \_\_\_\_\_