



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

CREDITOR OR OTHER LIMITED USER APPLICATION FOR CM/ECF ACCESS

In addition to submitting an electronic request for access through PACER, creditors or other limited users (the “**firm**”) or their authorized employee/agent (the “**filer**”) shall use this form to request **LIMITED CM/ECF ACCESS** to file certain documents electronically using their PACER credentials. The following information is required for registration:

Firm Name:

(Name of Creditor/
Limited User)

Firm Federal Tax ID:

Filer Name:

(Employee or agent of the
firm to receive access)

Firm Mailing Address:

Phone Number:

E-Mail Address:

The **filer** has read, understands, and agrees to the following:

1. I affirm that I am authorized by the **firm** to prepare and file Proofs of Claim, Notice Requests, Assignments of Claim, Transfer of Claim, and/or Reaffirmation Agreements.
2. I will utilize the CM/ECF system to file certain 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 covert documents from word processor format to portable document format (PDF), Adobe Reader, and a document scanner.

3. By signing this registration form, the **firm** and I indicate:
 - a. Our understanding of Federal Rule of Bankruptcy Procedure 9011 and 18 U.S.C. §§ 152 and 3571; and
 - b. Our agreement to follow the Court’s orders and procedures regarding the electronic filing of documents and associated exhibits.

4. I affirm my understanding that my PACER login and password constitute my signature pursuant to Administrative Order (“AO”) 5005-4(d)(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), and to notify PACER.

5. If I cease to be an employee of the **firm** on whose behalf I was authorized to file electronically or if my authorization to file electronically on behalf of the **firm** is revoked, the **firm** or I will immediately notify the Court, and I will cease filing documents in CM/ECF. I understand that is also my responsibility to immediately inform the Court of any change in my **firm** address, telephone number or e-mail address via PACER.

Filer 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.

FOR INTERNAL USE ONLY

CSO Request Date: _____ CSO Login: _____

CSO ID: _____

CM/ECF Unit Approval:

Deputy Clerk

Date: _____

Notes: