

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW HAMPSHIRE  
55 PLEASANT STREET, ROOM 200  
CONCORD, NH 03301  
(603) 222-2600**

**LIMITED USE/CLAIM PASSWORD APPLICATION FOR THE LIVE CM/ECF SYSTEM**

This form shall be used to register for a LIMITED FILING PRIVILEGES for filing documents via the Internet and CM/ECF. The “*Firm*” is the name of the Creditor entity. The “*Filer*” is the employee or agent of the Firm to be issued a login and password. The following information is required for registration:

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

**Firm Federal Tax ID:** \_\_\_\_\_

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

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

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

**Fax Number:** \_\_\_\_\_

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

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

1. Claim or Other Limited Use Applicant: I affirm that I am authorized to prepare and file Proofs of Claim, Notice Requests, Assignments of Claim, Transfer of Claim, and/or Reaffirmation Agreements.
2. I will meet all hardware and software requirements promulgated by the Court for system use. I understand that the current minimum requirements for filing documents 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 Mozilla Firefox or Microsoft Explorer are recommended), software to covert documents from word processor format to portable document format (PDF), Adobe Acrobat Reader, and a document scanner.
3. By signing this registration form, the FIRM and I, the FILER, indicate (1) our understanding of Federal Rule of Bankruptcy Procedure 9011 and 18 U.S.C. §§ 152 and 3571 and (2) our agreement to follow the Court’s orders and procedures regarding the electronic filing of documents and associated exhibits.
4. I, the FILER, agree to protect and secure the password issued by the Court. If any reason exists to suspect the password has been compromised, it is my responsibility as the FILER to immediately notify the Court by telephone and by facsimile in accordance with AO 5005-4(a) (3). If I, as FILER, cease to be an employee of the FIRM on whose behalf I was authorized to file electronically or if I, as FILER, cease for any reason to be authorized to file electronically for that FIRM, the FIRM will immediately notify the Court that I am no longer an authorized FILER and will cease using the login and password issued to me as FILER. If any of the information provided on this form changes, the FIRM or I, as FILER, will promptly send an amended application to the Court with the current information.

5. Because my login and password constitute my signature, I agree to protect and secure the confidentiality of my password. Moreover, it is also my responsibility to immediately inform the Court of any change in my address, telephone number, fax number or e-mail address.
6. If I am not qualified in other Districts, I understand I will be required to complete the court's CM/ECF training simulations and submit, as an attachment to this application, a signed Limited Use/Creditor Answer Sheet.
7. If I am qualified in other Districts to use ECF to file Claims or other Limited Use documents, I understand I will not be required to undergo training to obtain a login and password in this District. I have stated in writing (below) the date and place of my qualification to use ECF.

Districts currently qualified and/or Date and Place of Training (**list no less than three courts**):

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Filer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Administrative Manager–Operations, United States Bankruptcy Court, 55 Pleasant Street, Room 200, Concord, New Hampshire 03301-3941. If you have any questions, please call (603) 222-2618.

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**FOR INTERNAL USE ONLY**

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Administrative Manager–Operations or Designee**

**Login Assigned by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Live System Login:** \_\_\_\_\_ **Password:** \_\_\_\_\_