

**U. S. BANKRUPTCY COURT FOR THE DISTRICT OF OREGON
ATTORNEY REGISTRATION FOR PARTICIPATION IN ELECTRONIC CASE FILE (ECF) SYSTEM**

GENERAL INFORMATION

Name: _____
Note: You will enter postal and e-mail addresses, phone number, and bar number on the ECF attorney registration screen online.

TRAINING INFORMATION

Mark One:

I use ECF in the district(s) of _____
and do not require training. Please issue me a login.

Training will be needed. Please issue a login and password to the ECF Training database for completion of the ECF Proficiency Exam.

CERTIFICATION

I certify my understanding and agreement regarding all of the following:

1. Per [LBR 9010-1](#) (check the applicable option):

I am admitted to practice before, and am a member in good standing in, the U.S. District Court for the District of Oregon. I was admitted in _____ (enter year of admission; if unknown, estimate).

I will only file or lodge documents in cases in which I am admitted *pro hac vice*, other than my application for admission *pro hac vice* using [LBF #120](#).

2. [FRBP 9011](#) requires that every pleading, motion, and other paper (except lists, schedules, statements or amendments thereto) filed with the Court be signed by at least one attorney of record for the party represented. The use of my login constitutes my signature for purposes of FRBP 9011 and any other authority relating to signatures on electronically filed documents. I will be solely responsible to the Court regarding any document electronically filed using my login or filed on my behalf by my designated filing agent. I will protect and secure my login and corresponding password. If I have any reason to suspect that my password has been compromised, I will immediately change it.

3. I certify under [LBR 9011-4\(b\)](#) that I will possess a counterpart bearing an original signature for each signer of any document described in [FRBP 1008](#) prior to filing it electronically, and that the counterpart original will contain the same substantive information, including dates, as the document to be filed electronically, except that the document to be filed electronically will show “/s/ Name of Signer” rather than original signatures. In addition, I or the firm representing the party on whose behalf a document is filed will maintain the originals or LBF #5005 and a scanned electronic replica of all electronically filed documents described in FRBP 1008 for the period set forth in [LBR 5005-4\(e\)](#).

4. Upon receipt of a login and password from the Court, I will: (a) electronically file all documents using the ECF system, except when otherwise permitted by a Court Order, Local Rule, or Administrative Procedure; (b) not alter the text or format of any LBF; and (c) in lieu of conventional service, accept electronic service of pleadings, orders and other documents in accordance with the provisions of all Rules, Court Orders, and Administrative Procedures.

5. I will comply with all Local Rules, Court Orders, Administrative Procedures, User Manuals, etc. relating to the ECF system.

Date: _____

/s/ _____
Signature

Instructions: You must use the full version of Adobe Acrobat (not just the free Adobe Reader) to complete this fillable form. To “sign” this form, type in your name after the “/s/”; do not physically sign this form (See [LBR 9011-4](#)). After completing this form, save it to your desktop as a .pdf file, and then attach it using the Attorney Registration web page. **Do not** print and scan this form.