

United States Bankruptcy Court for the District of Kansas

Application for Limited Use Password for Electronic Case Filing System

Name: _____

Business/Firm Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Bar ID# (if applicable): _____ State of: _____

Other Bankruptcy Courts in which you are certified: _____

1. Check only one:

____ Limited Use Application: I affirm that I am authorized to prepare and file Proofs of Claim, and/or prepare and file Notice(s) of Appearance (or Creditor's Requests for Notice), and/or to execute and submit Reaffirmation Agreements.

____ Financial Management Course Provider: I affirm that I am an approved provider of a post-petition instructional course concerning personal financial management and I am filing a certificate of the debtor's completion of the course, the certificate must be timely filed in accordance with Fed. R. Bankr. P. 1007(c). I understand that my limited filer privileges may be revoked if I do not file a certificate of a debtor's completion of the course in a timely manner, as failure to do so could result in the closing of the debtor's case without a discharge. I understand that, if my filing privileges are revoked by the court, the court will notify the Executive Office for U.S. Trustees of the revocation.

____ Court-Permitted Filing User for a Single Case: I affirm that, pursuant to LBR 5005.1 Appendix 1-01 ¶II.B, the court has permitted me as a party to a pending action to register as a Filing User in the Electronic Case Filing System solely for purposes of this action:

_____(case name), _____(case number).
(Please attach a copy of the court order granting permission to become a Filing User.)

- I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any declarations, verifications, proofs of claim, creditor requests for notice, notices of appearance, reaffirmation agreements, or proofs of claim or other papers involving a child support creditor, or other papers or documents filed by use of the password obtained pursuant to this Application (my password), for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure and any applicable non-bankruptcy law.
- I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
- I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
- I have read and I understand that I must abide by the most recent set of Administrative Procedures for Electronic Case Filing promulgated by the Court.
- Yes____ No____ I request access to events that require filing fees e.g. Transfer of Claims. I understand that it is my responsibility to pay such fees on the date of filing by credit card using the U.S. Treasury Pay.gov system.

Applicant Signature

Date

Instructions:

Complete the form, then:

Print

Sign the printed form and return to:

**U.S. Bankruptcy Court
Attn: Limited Filer Registration
401 N. Market Street
RM 180
Wichita, KS 67202**