United States Bankruptcy Court, District of Kansas Limited Filer Registration Form for Electronic Filing Access

If you only wish to file a **Proof of Claim, Withdrawal of Claim**, or a **Claim Supplement**, do not complete this registration form. Instead, go to our website, www.ksb.uscourts.gov and use the **Electronic Proof of Claim** option.

Please provide the following information to request Limited Filer access to electronically file documents in the court's Electronic Filing System (CM/ECF) pursuant to LBR 5005.1 and Appendix 1-01. Limited Filer access is available for filing Transfers of Claim, Notices of Appearance, Creditor's Request for Notice, and Reaffirmation Agreements.

| Last Name | | | First Name | Middle Initial | | |
|---|---|---|-------------------------------|-----------------------------------|--|--|
| Bus | siness/Firm Name | | | | | |
| Add | dress | | | | | |
| City | | State | Zip code | | | |
| | | | | | | |
| Plea | ase check all that ap | oply: | | | | |
| | I already have acce | ess as a Limited Filer a | and I am submitting this form | to update my contact information. | | |
| | | nited Use Application. I affirm that I am authorized to prepare and file a Notice of Appearance, Creditor's Request for Notice, and/or to execute and submit a Reaffirmation Agreement. | | | | |
| | request access to file events that require a filing fee, 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. | | | | | |
| | 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. I acknowledge that the certificate must be timely filed pursuant to Fed. R. Bankr. P. 1007 (c). I understand that my Limited Filer privileges may be revoked if I do no 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 the U.S. Trustee of the revocation. | | | | | |
| Ву | signing and submitt | ourt will notify the Executive Office for the U.S. Trustee of the revocation. ning and submitting this registration form, I agree to the following: | | | | |
| 1. | I understand that a filing made with my login and password constitutes my signature for all purposes, including the Federa Rules of Bankruptcy Procedure and the local rules of the court, and shall have the same force and effect as if I had affixed my signature on a paper document being filed. | | | | | |
| 2. | I understand t | I understand that it is my responsibility to protect and secure the confidentiality of my password, and to notify the court immediately if I believe my password has been compromised. | | | | |
| 3. | I understand t | I understand that it is my responsibility to notify the court immediately of any change in my address, phone number, or email address, or when I no longer need access. | | | | |
| 4. I agree to comply with the redaction requirements, pursuant to Fed. court, are solely responsible for redacting documents. | | | | | | |
| 5. | _ | I agree to abide by Appendix 1-01 to LBR 5005.1 and any changes or additions that may be made to such Administrative Procedures in the future. | | | | |
| 6. | I certify that the information provided above is true and correct. | | | | | |
| Sigr | nature | | Da | ate | | |

Please mail the signed registration form to:
U.S. Bankruptcy Court – Kansas
444 SE Quincy, RM 240
Topeka, KS 66683
We will contact you with access information.
Contact us at 785-338-5914 if you have questions.