

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO**

APPLICATION FOR ATTORNEY ECF TRAINING

Name: _____

Address: _____

Bar ID: _____ State of _____

Phone: _____

Email Address For ECF System: _____

(Notice of your ECF training date will be sent to this Email address.)

I hereby request the Court to schedule me for one 4-hour ECF Attorney Training session in accordance with the preferred training days I have indicated below.

Day/Time	Monday	Tuesday	Wednesday	Thursday
A.M. Session				
P.M. Session				

(Please write a 1, 2, or 3 in three of the above time slots to indicate your preferred training day and time. You will, of course, only receive one training date.)

_____ (check if applicable) I will be bringing _____ with me to the training session.

_____ (check if applicable) I do not require ECF training because I have already qualified as an ECF filer in the **U.S. Bankruptcy Court** located in _____. Please provide either a copy of your training certificate from that court or your login name.

Attorney Signature

Date

Complete and mail this application to:
United States Bankruptcy Court
ATTN: ECF Registration
120 West Third Street
Dayton, OH 45402-1819

I will be attending training at:
___ Cincinnati Office
___ Columbus Office
___ Dayton Office