

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

**APPLICATION FOR ATTORNEY TRAINING
(Please complete in full)**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Bar ID: _____ State of: _____

Phone: _____

Email address for ECF System: _____

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

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

_____ Columbus - first Wednesday of each odd month (Jan., Mar., May., Jul., Sept., and Nov.)

_____ Cincinnati - second Wednesday of each odd month (Jan., Mar., May., Jul., Sept., and Nov.)

_____ Dayton - third Wednesday of each even month (Feb., Apr., Jun, Aug., Oct., and Dec.)

_____ (Check if applicable) I will be bringing the following non-attorney staff member with me to the 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 _____.
If available, please provide a copy of your training certificate from that court. **Additionally, please submit the appropriate Attorney Registration Form (Form 1 or Form 1a) with this application.**

Attorney Signature

Date

For training requests only, you may mail your completed application to the office where you have requested training:

Columbus:
U.S. Bankruptcy Court
ECF Training Requests
170 North High Street
Columbus, Ohio 43215

Cincinnati:
U.S. Bankruptcy Court
ECF Training Requests
Atrium Two, Suite 800
221 East Fourth Street
Cincinnati, Ohio 45202

Dayton:
U.S. Bankruptcy Court
ECF Training Requests
120 West Third Street
Dayton, Ohio 45402