

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

ECF FORM NO. 1a

PRO HAC VICE FILER REGISTRATION

**PRO HAC VICE FILER REGISTRATION, APPLICATION FOR PASSWORD,
WAIVER OF NOTICE AND SERVICE BY MAIL AND CONSENT TO
ELECTRONIC NOTICE FOR ELECTRONIC CASE FILING SYSTEM**

NAME: _____

ADDRESS: _____

BAR ID: _____ STATE OF _____

NON-ATTORNEY BASIS FOR FILER: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS FOR
ELECTRONIC CASE FILING SYSTEM: _____

I declare, under penalty of perjury, the following is true:

1. I have an application pending or have been granted admission *pro hac vice*, or have filed a notice of appearance evidencing the basis for my admission to practice in the United States Bankruptcy Court for the Southern District of Ohio (LBR 2090-1), and the information set forth above is true and correct.
2. I agree that use of the password to be obtained pursuant to this registration (my password) to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any petitions, schedules, statements, matrices, declarations, verifications, motions, briefs, pleadings or other papers or documents filed by use of 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 local rules and non-bankruptcy law.
3. I agree that it is my responsibility to maintain in my records all documents bearing original signatures filed using my password for a period of four (4) years after the case or proceeding in which the documents have been filed has been closed.
4. I agree that it is my responsibility to protect and secure the confidentiality of my password, and that if I allow my password to be used by anyone other than myself that I do so at my own risk. If I believe that my password has been compromised, it is my responsibility to immediately notify the Court in accordance with ECF Procedure 2.
5. I agree that it is my responsibility to notify the Court, immediately, of any change in my address, telephone number, fax number, or email address.

6. I agree that by registering as a Filer, I waive the right to personal service or first class mail service, and I request and consent to electronic service via receipt of a "Notice of Electronic Filing" from ECF of all filed documents to which I am entitled, except with regard to a summons and complaint under Rule 7004 or an initial motion under Rule 9014.
7. I agree to adhere to the United States Bankruptcy Court for the Southern District of Ohio Administrative Procedures for Electronic Case Filing. I understand that it is my responsibility to learn and use any and all updates to the United States Bankruptcy Court for the Southern District of Ohio Administrative Procedures for Electronic Case Filing, and acknowledge that I have undergone training by the office of the Clerk of the Bankruptcy Court or otherwise qualified as a Filer prior to issuance of my password.
8. I agree to be bound by the provisions of this registration form, although I must satisfy the requirements of LBR 2090-1 in each case or proceeding in which I appear.

ATTORNEY SIGNATURE

DATE

For Court Use Only:

Approved By: _____

Password: _____ Date: _____