UNITED STATES BANKRUPTCY COURT FOR THE WESTERN DISTRICT OF VIRGINIA

CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM PARTICIPANT REGISTRATION FORM

I am requesting FILING AGENT PRIVILEGES for filing documents in the CM/ECF system in the US Bankruptcy Court for the Western District of Virginia. A filing agent will have the privilege to file documents on behalf of their attorney(s) via the court's Electronic Case Filing System (ECF).

To complete this form please do the following: fill out the form, print the form, sign and date, scan to Adobe PDF format and e-mail to CMHelpdesk@vawb.uscourts.gov

The following information is required for CM/ECF registration:

Name:

Mailing Address:

Voice Phone No.

E-Mail Address:

Filing Agent:
Agency/Company

By signing and submitting the requirements:	nis registration form, I agree	to abide by the following
Filing Agents:		
Pursuant to Federal Rule of Bankrups and other paper shall be signed by th and the typed name of the person sig The use of my password constitutes t	ne attorney of record and the signat gning in the following format: /s/ Jo	ture shall be indicated by /s/ hn Doe on the signature line.
The login and password for filing sho report any suspected compromise of Procedures of the Court which are cu	my password. I will abide by all the	
The attorney is responsible for all filir notifying the court when a filing age		ne attorney is also responsible for
Date	_	Signature
	Filing for Signatures:	
		Print Attorney Name
Date	_	Signature
		Print Attorney Name
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Date	_	Signature