

**LOCAL RULES FORM #8**  
**UNITED STATES BANKRUPTCY COURT**  
**MIDDLE DISTRICT OF LOUISIANA**

APPLICATION FOR ATTORNEY PASSWORD  
FOR ELECTRONIC CASE FILING SYSTEM

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

**BAR ID #:** \_\_\_\_\_ **STATE OF** \_\_\_\_\_

1. I affirm that I am admitted to practice in the United States Courts for the Middle District of Louisiana and that the information set forth above is true and correct.
2. I understand that use of the password to be obtained pursuant to this Application (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, matrixes, declarations, verifications, 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 non bankruptcy law.
3. I understand and acknowledge my obligation to transmit to the Bankruptcy Court the “Declaration Re; Electronic Filing Of [...documents]” as required by the Local rules of the Bankruptcy Court.
4. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are file using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of one year after the case or proceeding in which the documents have been filed has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
6. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
7. I agree to adhere to court procedures for the Electronic Case Filing System. I understand that it is my responsibility to learn and use any and all updates to the electronic case filing procedures, and acknowledge and accept the requirement that I have undergone training by the office of the Clerk of the Bankruptcy Court prior to issuance of my password.

\_\_\_\_\_  
**ATTORNEY SIGNATURE**

\_\_\_\_\_  
Date

**APPROVED BY:** \_\_\_\_\_

**PASSWORD #** \_\_\_\_\_

**DATE:** \_\_\_\_\_