

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF LOUISIANA  
(Local Form 7)**

**APPLICATION FOR ATTORNEY PASSWORD  
FOR ELECTRONIC CASE FILING SYSTEM**

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

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

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**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 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 constitutes my signature upon and my signing of any petitions, schedules, statements, mailing lists, declarations, affidavits, 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 Regarding Electronic Filing" 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 filed 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 five years 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 comply with 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 agree that I must complete training by the office of the Clerk of the Bankruptcy Court before my password will be issued.
8. I consent to accept service via electronic means from the Court and any other party and I further waive service by other means, including first class United States Mail.
9. I acknowledge that I have read and understand the Local Rules of this Court.

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**ATTORNEY SIGNATURE**

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Date

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

**LOGIN:** \_\_\_\_\_ **PASSWORD:** \_\_\_\_\_