

**APPLICATION FOR LIMITED USE/CLAIM PASSWORD  
FOR ELECTRONIC CASE FILING SYSTEM**

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

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

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

1. **Claims or Other Limited Use Application:** I affirm that I am authorized to prepare and file Proofs of Claim, Amended Proofs of Claim, Transfers of Claim, Withdrawals of Claim and Notices of Contract Change on behalf of \_\_\_\_\_, and/or I am authorized to prepare and file Notice(s) of Appearance on behalf of \_\_\_\_\_, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of \_\_\_\_\_.
  
2. \_\_\_\_\_'s (name of business), through its authorized officers, directors and agents, understands that the use of its Limited Use password to file documents in the record of a bankruptcy case or proceeding in the district of Rhode Island will constitute \_\_\_\_\_'s (name of business) signature upon and signing of any declarations, verifications, proofs of claim, notices of appearance, assignments of claims, reaffirmation agreements, or other papers or documents filed by use of the password obtained pursuant to this Application for all purposes authorized and required by law, including, without limitation, Federal Rule of Civil Procedure 11 and Federal Rule of Bankruptcy Procedure 9011, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, and any applicable non bankruptcy law.
  
3. \_\_\_\_\_ (name of business), through its authorized officers, directors and agents, understands that it is its responsibility to protect and secure the confidentiality of its password. If \_\_\_\_\_ (name of business) believes that its password has been compromised, it is \_\_\_\_\_'s (name of business), through its authorized officers, directors and agents, responsibility to notify the Court in writing, immediately.
  
4. \_\_\_\_\_ (name of business), through its authorized officers, directors and agents, understands that it is its responsibility to notify the Court, immediately, of any change in my address, telephone number, fax number, or e-mail address.

5. Registration as a Filing User constitutes: (1) waiver of the right to receive notice by first class mail and consent to receive notice electronically; (2) waiver of the right to service by personal service or first class mail and consent to electronic service, except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment.
6. The Clerk of Court has the discretion to terminate any user account where it appears that the registered user is misusing the ECF system, or for any other cause, without advance notice to such registered user. The Clerk of Court has discretion to decline to issue a Login and Password to any entity requesting such an account where it appears such use is for an unauthorized or improper use.
7. By this registration, \_\_\_\_\_ (name of business), through its authorized officers, directors and agents, agrees to abide by all the rules and regulations in LBR 5005-4.

8. I, \_\_\_\_\_, hereby state that I am the  
 \_\_\_\_\_ Of \_\_\_\_\_  
 (Title) (Name of Business)

and am authorized to enter into this Limited Use Registration on its behalf.

9. Please check off one of the following:

\_\_\_\_\_ I certify that I am a registered user in good standing in the CM/ECF System in the US Bankruptcy Court for the District of \_\_\_\_\_ or the US District Court for the District of \_\_\_\_\_

\_\_\_\_\_ I certify that I have completed the applicable Limited User ECF Training Modules located at: <http://www.rib.uscourts.gov/newhome/ecf-training.asp>

\_\_\_\_\_  
**Signature of Individual signing on behalf of Business      Date**

On behalf of \_\_\_\_\_  
 (Name of Business) (Corporate Seal)

Subscribe and sworn to before me in \_\_\_\_\_  
 (City/Town)

\_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.  
 (State)

\_\_\_\_\_  
 (Notary Public) (Commission Expiration Date)

Please return to: United States Bankruptcy Court, District of Rhode Island  
Attn: Carolyn Sweeney,  
380 Westminster Mall, 6<sup>th</sup> Floor  
Providence, R.I. 02903

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

**PASSWORD #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Revised 3/25/09 mam

