

UNITED STATES BANKRUPTCY COURT
DISTRICT OF RHODE ISLAND

In re: _____
Debtor(s)

BK Case No. _____
AP Case No. _____ (if applicable)

APPLICATION FOR ACCESS TO SELF-REPRESENTED ELECTRONIC DROP BOX

- A. Please first read [the information sheet about the Electronic Drop Box](#) for required steps and use.
- B. APPLICATION DETAILS:

_____ (*Name of applicant*) and _____
(*Name of applicant if married couple jointly applying*) (“Applicant(s)”) hereby apply/ies to the Rhode Island Bankruptcy Court for approval to submit case documents for filing with the Court through use of its Electronic Drop Box (“EDB”) in the above-captioned bankruptcy case or adversary proceeding.

In support of this application, Applicant(s) state(s):

1. I/We am a self-represented (*pro se*) debtor or party in the above-captioned bankruptcy case or adversary proceeding.
2. I/We understand that the use of an EDB Link the Clerk issues to me, together with my name on a signature block, constitutes my signature for purposes of [Fed. R. Bankr. P. 9011](#) on all documents submitted electronically to the EDB for filing using my EDB Link. Use of my EDB Link has the same effect as physically signing a paper document filed with the Court.
3. I/We understand and agree that I/we am responsible for assuring the security of my/our EDB Link. If there is reason to suspect my EDB Link has been compromised, it is my/our responsibility to immediately notify the Clerk’s Office.
4. I/We understand that electronically submitting documents through the EDB is a privilege that can be revoked at any time.

WHEREFORE, Applicant(s) respectfully request(s) that the Clerk grant this application for access to the EDB in the above-captioned bankruptcy case or adversary proceeding.

Respectfully submitted,

By: _____
Signature of Applicant

Applicant Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____

(If married couple jointly applying, both must sign)

By: _____

Signature of Applicant

Applicant Name: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____