

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF FLORIDA**

**APPLICATION FOR LOGIN AND PASSWORD  
FOR CHILD SUPPORT CREDITOR OR REPRESENTATIVE**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bar ID, if applicable: \_\_\_\_\_ State of: \_\_\_\_\_

Case(s) in the Northern District of Florida in which you will be filing (debtor name(s) and case number(s):

\_\_\_\_\_  
Are you requesting reactivation of a login and password previously issued to you by the U.S. Bankruptcy Court for the Northern District of Florida?  Yes  No

If yes, provide the login to be reactivated: \_\_\_\_\_

1. I affirm that I am authorized to prepare and file documents and pleadings on behalf of the child support creditor, \_\_\_\_\_.
2. I understand that my use of the login and password to file a document or pleading in the record of the bankruptcy case(s) or proceeding(s) noted above constitutes my signature and my signing of those documents and/or pleadings 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 that I must retain all documents bearing my original signature and which are filed using my login and password, and all documents and pleadings bearing the original signature of any signer on whose behalf I file the documents and pleadings using my login and password, for a period of four years after the closing of the case or proceeding in which the documents or pleadings were filed.
4. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe my password has been compromised, I understand that I am to notify the Court in writing immediately.
5. I understand that it is my responsibility to notify the Court immediate or any change in my address, telephone number, fax number, or email address.
6. I understand that the issuance of a password to me constitutes waiver of conventional service pursuant to the Federal Rules of Bankruptcy Procedure 9036 and the Court's Electronic Case Filing general order. I agree to accept a Notice of Electronic Filing by hand, facsimile, first class mail, or authorized email in lieu of conventional service. In doing so, I also agree to maintain a current and active email address by which to receive such notification.

7. I understand that in cases wherein service of documents filed electronically is required to be made on the United States and its agencies, corporations or officers, full compliance with Rules 2002(j) and 7004(b)(4), (5) and (6) of the Federal Rules of Bankruptcy Procedure, and Rule 4(l) and (j) of the Federal Rules of Civil Procedure is also required.
8. I understand that all documents and/or pleadings filed in the Electronic Case Filing system which contain an individual's social security number, taxpayer identification number, birthdate, the name of an individual other than the debtor(s) known to be and identified as a minor, or a financial account number must be redacted in accordance with Fed. R. Bankr. P. 9037.
9. I affirm that I have read and understand, and agree to adhere to the Court's guidelines for the Electronic Case Filing system (the [Administrative Procedures Regarding Electronic Case Filing](#)) and the [Local Rules](#) for the U.S. Bankruptcy Court for the Northern District of Florida.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

**Return completed application to Samantha Kiser:**

Fax: (850) 521-5004

Email: [CMECF\\_HelpDesk@flnb.uscourts](mailto:CMECF_HelpDesk@flnb.uscourts)

U.S. Mail: U.S. Bankruptcy Court, 110 E. Park Ave., Ste. 100, Tallahassee, FL 32301

*Your login and password will be emailed to you at the email address provided above. If you wish to request online training, please contact the CM/ECF Help Desk ([CMECF\\_HelpDesk@flnb.uscourts.gov](mailto:CMECF_HelpDesk@flnb.uscourts) or 888-765-1752) for access to the training database.*

*Electronic Case Filing access is provided pursuant to § 304(g) of the Bankruptcy Reform Act of 1994 (Pub.L. No. 103-394) and will be terminated by the Court at the conclusion of the case(s) or proceeding(s) noted above.*

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF FLORIDA**

In re:

Case No.:

Chapter:

Debtor(s)

**APPEARANCE OF CHILD SUPPORT CREDITOR\*  
OR REPRESENTATIVE**

I certify under penalty of perjury that I am a child support creditor\* of the above-named debtor, or the authorized representative of such child support creditor, with respect to the child support obligation which is set out below.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Child Support Creditor\* or Authorized Representative

**Summary of Child Support Obligation**

Amount in arrears:

\$ \_\_\_\_\_

Amount currently due per week or per month  
on a continuing basis:

\$ \_\_\_\_\_  
(per week)(per month)

If Child Support has been assigned:

Amount of Support which is owed under assignments:

\$ \_\_\_\_\_

Amount owed primary child support creditor (balance  
not assigned):

\$ \_\_\_\_\_

**Attach an itemized statement of account. Do not disclose the name of a minor child. See 11 U.S.C. § 112. If a social security number or taxpayer identification number is included, set out only the last four digits of the number. Judicial Conference Privacy Policy (09/01).**

\* Child support creditor includes both creditor to whom the debtor has a primary obligation to pay child support as well as any entity to whom such support has been assigned, if pursuant to Section 402(a)(26) of the Social Security Act or if such debt has been assigned to the Federal Government or to any State or political subdivision of a State.