

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

APPLICATION FOR FILING AGENT ACCOUNT(S)

I, _____, an active attorney or trustee CM/ECF user in good standing with the Northern District of Florida, request that the following person(s) be provided a login and password to the CM/ECF system in the Northern District of Florida as a Filing Agent on my behalf.

1. By requesting Filing Agent access for a person in my employ, I understand and agree to accept full responsibility for any and all cases, documents and/or pleadings filed by this/these person(s).
2. I affirm that I have provided the necessary CM/ECF training to or have requested that the Court provide CM/ECF training to this/these person(s) to ensure the correct filing of cases, documents and/or pleadings.
3. I affirm that this/these person(s) have read and are familiar with the Local Rules for the U.S. Bankruptcy Court for the Northern District of Florida.
4. Furthermore, I agree to immediately notify the Court of the need to deactivate the account(s) in the event the Filing Agent leaves my employ or should no longer file cases, documents and/or pleadings on my behalf.

Date: _____

CM/ECF Login: _____

Please do not include your password

Attorney or Trustee Signature

Firm: _____

Address: _____

Phone: _____

**Email this completed application to:
CMECF_HelpDesk@flnb.uscourts.gov**

NOTE: The login(s) and password(s) will be sent to the primary email address in CM/ECF for the attorney submitting this application.