

UNITED STATES BANKRUPTCY COURT
DISTRICT OF THE VIRGIN ISLANDS

CASE MANAGEMENT/ELECTRONIC CASE FILING (CM/ECF) SYSTEM
LIMITED USE/PERSONAL FINANCIAL MANAGEMENT COURSE
PROVIDER REGISTRATION FORM

This form is to be used to register for LIMITED FILING PRIVILEGES for filing PERSONAL FINANCIAL MANAGEMENT COURSE CERTIFICATES using the CM/ECF System in the United States Bankruptcy Court for the District of the Virgin Islands.

The following information is required for CM/ECF registration:

Name (First, Middle, Last): _____

Agency/Company: _____

Mailing Address: _____

Voice Phone Number: _____

Fax Number: _____

E-Mail Address: _____

By signing and submitting this registration form, I agree to abide by the following requirements:

1. All filings with the court, including attachments, must comply with Federal Rule of Bankruptcy Procedure 9037: Social Security or taxpayer-identification numbers; dates of birth; names of minor children; and financial account numbers may NOT appear except as allowed by the Rule.
2. Signatures on personal financial management course certificates shall be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith” on the signature line. I understand that use of my Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature 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. The login and password for filing via the internet shall be used exclusively by me or by any of my employees to whom I give authorization.

4. I understand that it is my responsibility to maintain in my records all documents bearing original signatures that are filed using my password for the longer period of one year after the case or proceeding in which the papers are filed has been closed or all appeals are finalized unless the court orders a different period.
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. 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.
6. I understand that the personal financial management course certificate must be timely filed in accordance with Federal Rule of Bankruptcy Procedure 1007(c). I understand that my limited filer privileges may be revoked if I do not file a certificate of a debtor's completion of the course in a timely manner, as failure to do so could result in the closing of the debtor's case without a discharge. I understand that, if my filing privileges are revoked by the court, the court will notify the Executive Office for U.S. Trustees of the revocation.
7. I hereby state that I am authorized to enter into this limited filing for personal financial management course certificates on my company's behalf.

Signature of Individual Signing on
Behalf of Business

Date

Please submit by e-mail, fax, or mail to: kimberley_willett@vid.uscourts.gov

Fax: 340-775-8076

Clerk of the District Court of the Virgin Islands
Bankruptcy Division
Attn: ECF Registration
5500 Veterans Drive, Ste. 310
St. Thomas, V. I. 00802-6424