

United States Bankruptcy Court  
Southern District of Florida

**Acknowledgment of Responsibility and Request for Live Access to CM/ECF  
with Trustee/US Trustee Filing Privileges**

*Use this form to request a credential to access this court's CM/ECF system with trustee or US Trustee filing privileges.*

- ***Trustees may use this access only for those cases in which they are acting as case trustee.***
- ***If a trustee is also an attorney, a separate attorney account with full access is required (submit Local Form 95 for this purpose).***

**I. Type of Applicant:**  US Trustee  Chapter 7 Trustee  
 Chapter 13 Trustee  Chapter 11 Subchapter V Trustee

**(Please type)**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Generation (Sr., Jr.): \_\_\_\_\_  
Bar ID #: (if applicable) \_\_\_\_\_ (and/or if other than Florida Bar, indicate state:) \_\_\_\_\_  
Mailing Address: #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail address where Notices of Electronic Filing will be sent: #: \_\_\_\_\_  
Number of Additional Logins Requested Under My Name: \_\_\_\_\_

***IMPORTANT NOTE: Trustees may authorize employees to e-file on their behalf. Each employee is highly encouraged to obtain his or her own PACER "Filing Agent" credential; trustees are highly encourage to not share their credential for e-filing purposes. Trustees control each Filing Agent's access and fee payments via CM/ECF > Utilities > Maintain Your ECF Account > More User Information > (Filing Agent parameters).***

I have a current Trading Partner Agreement with the BNC for EDI Noticing:  No  Yes

**II. CM/ECF Training Requirements Certification:**

I have reviewed and agree to comply with all Local Rules and filing requirements.

Trustees must concurrently register for a PACER account at <https://pacer.uscourts.gov/register-account>.

**III. Acknowledgment of Responsibility:**

My signature below reflects that I have read and agree to the statements contained in the "CM/ECF Trustee/US Trustee Agreement" and any future requirements of the court with respect to my electronic filing privileges.

---

(Signature of Attorney/Trustee)

---

(Date)

**Email Completed Form to: [CMECF\\_Support@flsb.uscourts.gov](mailto:CMECF_Support@flsb.uscourts.gov)**