

**United States Bankruptcy Court
Northern District of Iowa
Case Management/Electronic Case Files (CM/ECF) System
Personal Financial Management Course Provider Registration Form**

This form is to be used by a **personal financial management course provider** to register for limited filing privileges to electronically file personal financial management course completion certificates using the CM/ECF System in the U.S. Bankruptcy Court for the Northern District of Iowa. The filer may only perform specified transactions, as outlined in paragraph 2 of this form.

First and Last Name: _____

Title: _____

Entity Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

Other districts in which I am certified to file electronically using CM/ECF:

I, the personal financial management course provider filer, agree that a filing made with my judiciary login and password constitutes my signature for all purposes, including the Federal Rules of Bankruptcy Procedure and the local rules of the court, and shall have the same force and effect as if I had affixed my signature on a paper document being filed. Signatures will be indicated by “/s/” and the typed name of the person signing in the following format: “/s/ Jane Smith” on the signature line.

1. I agree to adhere to the local rules, orders, policies, and procedures governing electronic filing for the court. I understand that a limited filer’s privileges are narrow in scope. I will only use CM/ECF to electronically file the following: a personal financial management course certificate. The court reserves the right to modify these options or add additional options as deemed necessary.
2. I agree to protect the security of my password.
3. I will change my password through my CM/ECF account if I suspect it has been compromised and immediately notify the court.

4. I agree to maintain my contact information (e.g., email address, mailing address, telephone number(s), and facsimile number). All changes will be made through my CM/ECF account.
5. I understand that using my limited filer privileges to monitor general activity in any case in which I have not filed a document is beyond the scope of my limited filer privileges. The limited filer account is intended to perform specified transactions, as set forth in paragraph 2. In order to view and retrieve electronic docket sheets and documents available on CM/ECF, I will use PACER or the courts' Really Simple Syndication (RSS) feed. [Note: A PACER login and password may be obtained from the PACER Service Center. Registration for a PACER account is available online at <http://pacer.psc.uscourts.gov>. For assistance, call 1-800-676-6856.]
6. I understand that the United States Bankruptcy Court for the Northern District of Iowa will issue one global login per office which is to be used throughout my office as needed. By signing this Registration Form I agree to be the point of contact for my office.
7. By contacting the court, I may request to terminate my status as a personal financial management course provider filer at any time. If I cease to be an employee or agent of an entity on whose behalf documents are being electronically filed, or for any other reason cease to be authorized to file electronically on behalf of said entity, I will promptly contact the court and request to terminate my filing privileges.
8. I understand that, if I am a provider of a post-petition instructional course concerning personal financial management and I am filing a certificate of the debtor's completion of the course, the certificate must be timely filed in accordance with Fed. R. Bankr. P. 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.

I certify under penalty of perjury that the information I am submitting to register for electronic filing is true and correct. I acknowledge that I have read and agree to the terms and conditions above.

Date

Personal Financial Management Course
Provider Signature

Please submit the completed form to the CM/ECF Help Desk at the following address:

U.S. Bankruptcy Court
Attn: ECF Account Maintenance
111 Seventh Avenue SE, Box 15
Cedar Rapids, IA 52401-2101