

United States Bankruptcy Court for the Southern District of Texas
Attorney/ Trustee Registration Form for Bankruptcy Electronic Filing
(Please print or type)

Date: _____

First/ Middle/ Last name: _____

State Bar Number: _____ Licensing State: _____

Admitted to Practice in the Southern District of Texas: Yes or Pro Hac Vice

Firm: _____

Street and Suite: _____

City _____ State _____ Zip Code _____

Phone Number: _____

Fax Number: _____

E-mail for electronic service: _____

If you have already attended ECF training or are registered for ECF in another U. S.
Bankruptcy or District Court, give us the court and district:

By submitting this form, I agree to abide by these rules:

1. I will maintain familiarity with the technical and procedural requirements as they are adopted by the court.
2. Use of my login and password constitutes my signature on documents filed electronically for purposes of the Federal Rules of Bankruptcy Procedure and the Federal Rules of Civil Procedure.
3. I am responsible for all use of my login and password, authorized or not.
4. By registering, I consent to electronic service of documents and notices through the court's Electronic Filing System and waive service by other means.

Applicant's Signature: _____
 Attorney Trustee

**Print, sign, scan, then e-mail this form
in PDF format to :**

Houston-Atty-Adm@txs.uscourts.gov

Court Use Only: The state bar reports that the applicant's status is: _____.

Dated: _____

Signed: _____
Deputy Clerk