

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Exhibit 1

Case Management/Electronic Case Files
Attorney/Trustee/United States Trustee Registration Form
LIVE ECF System

I request that the U. S. Bankruptcy Courts for the Southern District of West Virginia, issue me a login and password so that I can use the Court's Electronic Case Filing System (ECF). I have successfully completed attorney / trustee / United States Trustee training in the class held at the location, date and time listed below.

I understand that the use of my login and password serves as and constitutes my signature. I agree to protect and secure my password and I will immediately notify the Court if I have any reason to suspect that my password has been compromised in any way.

I further agree to abide by all of the rules and regulations in the *Administrative Procedures for Filing, Signing and Verifying Pleadings and Papers by Electronic Means* currently in effect, and any changes and additions that may be made to these procedures in the future.

(PLEASE PRINT OR TYPE)

Class Location, Date and Time: _____

First/Middle/Last Name: _____

Bar ID# #: _____ State: _____

Firm Name: _____

Firm Address: _____

Voice Phone Number: _____ FAX Phone Number: _____

Internet E-Mail Address: _____

By submitting this registration form, the undersigned agrees to abide by the following rules:

1. This ECF System is for use only in cases permitted by the U. S. Bankruptcy Courts for the Southern District of West Virginia.
2. At this time, the requirements for filing, viewing, and retrieving case documents are: 32MB of memory; internet access of at least 56k (high speed connections such as DSL will improve performance, AOL does not work with CM/ECF); scanner; software which includes Windows 95 or higher (or a MAC), Netscape Navigator version 4.7 and Microsoft Internet Explorer 5.0 or higher; internet browser configured with 128 bit encryption, Java Script enabled, and session cookies enabled.
3. Filer is defined as a registered attorney, trustee, or United States Trustee, who electronically transmits any pleading or document to the Court.
4. Pursuant to Federal Rules of Civil Procedure 11, every pleading, motion, and other document (except list, schedules, statement or amendments thereto) generated and filed electronically shall be signed by the filer in the form of "/s/ John Doe" on the signature line. A filer's password issued by the court combined with the filer's identification, serves as and constitutes the attorney's, trustee's or the United States Trustee's

signature. Therefore, the filer must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney, trustee or the United States Attorney to change their password and immediately notify the Automation Manager.

5. An attorney's registration will constitute a waiver in law of conventional service of documents. The registered attorney agrees that the CM/ECF-generated notice of electronic filing will constitute service of the electronic filing on behalf of the client.
6. The undersigned attorney, trustee or United States Trustee agrees to abide by the most recent General Order, *Administrative Procedures for Filing, Signing and Verifying Pleadings and Papers by Electronic Means* and all technical and procedural requirements set forth therein.

DATE

APPLICANT'S SIGNATURE

TITLE (Attorney, Trustee, or United States Trustee)

Please return this form to:

U. S. Bankruptcy Court
Southern District of West Virginia
Attn: CM/ECF Registration
300 Virginia Street East, Room 2400
Charleston, WV 25301

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Exhibit 1-A

CREDIT CARD BLANKET AUTHORIZATION FORM
(FOR ATTORNEY USE - PRINT OR TYPE ONLY)

I hereby authorize the United States Bankruptcy Court for the Southern District of West Virginia to charge the credit card(s) identified below for payment of fees, costs and expenses which are incurred by myself or the authorized users which I have listed below. This form must be signed by the person whose signature appears on the back of the credit card.

Individual or Firm Name (print): _____

Address on card: Street or POB _____

City, State, Zip: _____

Telephone Number: _____ Facsimile Number: _____

Credit Card Holder Name: _____

Names of persons within your firm who are authorized to use the credit card(s)/account number(s) which you have provided:

American Express Account No.: _____ Exp. Date: _____

Visa Account No.: _____ Exp. Date: _____

MasterCard Account No. _____ Exp. Date: _____

American Express Account No.: _____ Exp. Date: _____

Name of person who you wish to receive receipts for payment: _____

In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.

AUTHORIZED SIGNATURE

DATE

*This form will remain on file in a secure location with this office and will remain in effect until specifically revoked in writing by the person with authority to cause such revocation and/or the expiration date of the card has passed. It is the responsibility of the law firm named above to complete a new **credit card blanket authorization** when a credit card has been renewed, revoked, canceled or stolen and when a person or persons are added or deleted from this authorization.*

Please return completed form to: United States Bankruptcy Court,
Southern District of West Virginia
Attn: CM/ECF Registration
300 Virginia Street East, Room 2400
Charleston, WV 25301