

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF WYOMING**

**APPLICATION FOR FILING AGENT ACCOUNT(S)**

I, \_\_\_\_\_, a CM/ECF user in good standing with the District of Wyoming, request that the following person(s) be provided a login and password to the CM/ECF system in the District of Wyoming as a Filing Agent on my behalf.


1. By requesting Filing Agent access for a person in my employ, I understand and agree to accept full responsibility for any and all cases, documents and/or pleadings filed by this/these person(s).
2. I affirm that I have received CM/ECF training from this court or another federal court. I also affirm that the Filing Agent(s) listed above have received the necessary training.
3. I affirm that this/these person(s) have read and are familiar with the Local Rules for the U.S. Bankruptcy Court for the District of Wyoming.
4. Furthermore, I agree to immediately notify the Court of the need to deactivate the account(s) in the event the Filing Agent leaves my employ or should no longer file cases, documents and/or pleadings on my behalf.

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney Signature

CM/ECF Login: \_\_\_\_\_

*Please do not include your password*

Mail this completed application to:  
U.S. Bankruptcy Court  
2120 Capitol Avenue, Suite 6004  
Cheyenne, WY 82001

*NOTE: The login(s) and password(s) will be sent to the primary email address in CM/ECF for the attorney submitting this application.*