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| --- | --- | --- | --- | --- | --- |
| **Fill in this information to identify your case** | | | | | |
| **UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO** | | | | | |
| Debtor 1: |  |  |  | Case #: |  |
|  | First Name | Middle Name | Last Name |  |  |
| Debtor 2: |  |  |  | Chapter: |
|  | First Name | Middle Name | Last Name |  |  |

**Local Bankruptcy Form** **9036-1.1**

**Consent for Electronic Notice and Service in a Bankruptcy Case**

**Complete applicable sections.**

|  |  |
| --- | --- |
| Part 1 | **Consent** |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[name and party type, e.g. John Smith, Debtor]** hereby consent to receive notices electronically (i.e., by e-mail at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[email address]**) and waive my right to receive them by United States mail. I also consent to electronic service of any motions and other documents that may be filed in this case, and waive personal service or service by United States mail. Finally, I consent to electronic service and notice of any orders or judgments entered in this case, and waive service and notice by United States mail.

I understand that by signing this form I waive my right to receive documents filed or served in my bankruptcy case by United States mail, and that the ONLY copies I receive will be electronic copies attached to e-mail messages, not paper copies.

I understand I have only one free look at any orders, notices, motions, and other documents sent to my e-mail. It is my responsibility to print or download documents immediately. I understand any additional document view(s) or download(s) after the first free look will require a PACER account ([www.pacer.gov](http://www.pacer.gov)) and I may be charged a fee.

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| Part 2 | **Signature** |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_