

Fill in this information to identify your case

UNITED STATES BANKRUPTCY COURT DISTRICT OF COLORADO

Name: _____ Party Type: _____ Case #: _____
First Name Middle Name Last Name Debtor, Creditor, Plaintiff, etc. (If known)

Name: _____ Party Type: _____
First Name Middle Name Last Name Joint Debtor, if applicable

E-Filing Application Form for Self-Represented Party

Complete all sections, read and initial each statement, and sign below.

Part 1 Terms and Conditions

I (we) agree to the following statements (initials required for each statement):

Applicant #1	Applicant #2, (Joint Debtor, if applicable)	The following individuals may apply for e-filing: debtors and joint debtors, creditors, and parties to Adversary Proceedings. Spouses who file bankruptcy together must both initial and sign this form, and if permitted to e-file, must both register for PACER and CM/ECF Accounts. Non-individuals such as businesses are not eligible.
Initial Here	Initial Here	
_____	_____	I possess the following necessary tools for e-filing: 1) computer (not just a phone) with access to the internet; 2) recent version of a web browser; 3) software that allows me to read and create .pdf files.
_____	_____	I waive my right to receive documents by mail and consent to receive notice and service electronically at this email address at (<i>write legibly</i>):
_____	_____	I will only e-file in this case and related adversary proceedings, if any.
_____	_____	I will e-file all further documents and will not attempt to file in paper.
_____	_____	I will not e-file documents for anyone other than my joint debtor, if applicable.
_____	_____	I will pay my filing fees in CM/ECF within 24 hours.
_____	_____	I acknowledge the Court cannot alter, edit, or fix my e-filed documents.
_____	_____	I know it's up to me to keep my contact information updated through PACER.
_____	_____	I will comply with the Bankruptcy Code, Federal Rules of Bankruptcy Procedure, and the Court's Local Bankruptcy Rules, including Federal Rule of Bankruptcy Procedure 9037, which requires me to redact social security numbers, taxpayer-identification numbers, birth dates, names of minors, and financial account numbers from all documents.
_____	_____	I know the Court may revoke my e-filing privileges at any time if I fail to comply.

Part 2 Signature

Dated: _____

By: _____

Signature of Applicant #1

Dated: _____

By: _____

Signature of Applicant #2, if applicable

Mailing Address: _____

Telephone number: _____