

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF NEW YORK**

**CASE MANAGEMENT/ELECTRONIC CASE FILES SYSTEM (CM/ECF)  
REQUEST FOR WAIVER OF TRAINING REQUIREMENT**

This form may be used by Attorneys and/or Authorized Users who have previously completed CM/ECF training in another Bankruptcy Court and are currently a CM/ECF registered filing user in good standing with that Court. Information contained on this form may be verified with the Court from which CM/ECF training was acquired.

First/Middle/Last Name: \_\_\_\_\_

NY State Bar ID #: \_\_\_\_\_

State of Admission: \_\_\_\_\_

Admitted to Practice in U.S. District Court for the WDNY: \_\_\_\_\_

Firm Name, if applicable \_\_\_\_\_

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

Voice Phone Number: \_\_\_\_\_

Fax Phone Number: \_\_\_\_\_

I hereby request that I be granted a waiver of the training requirement. I certify that I am a current registered filing user in good standing with the following U.S. Bankruptcy Court and have received CM/ECF training in that district:

Eastern District of NY \_\_\_\_\_ [date training completed]

Northern District of NY \_\_\_\_\_ [date training completed]

Southern District of NY \_\_\_\_\_ [date training completed]

Other: \_\_\_\_\_ [date training completed]

I agree to adhere to court procedures for the Electronic Case Filing system. I have read and am aware of Local Bankruptcy Rules and Procedures for the Western District of New York. I understand that it is my responsibility to keep current with any and all updates to the CM/ECF procedures for the Western District of New York.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

Return completed form to: US Bankruptcy Court, Olympic Towers, 300 Pearl Street, Suite 250, Buffalo, NY 14202.  
Email or Fax are NOT accepted. This form is NOT required for Creditor/Limited filers.