

**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

Mail the completed form with original wet signature to: U.S. Bankruptcy Court, Robert H. Jackson U.S. Courthouse, 2 Niagara Square, Buffalo, NY 14202