United States Bankruptcy Court
Middle District of Tennessee

ELECTRONIC CASE FILING
AMENDED REGISTRATION FORM

[Use this form ONLY if you have already registered with the court and are amending your original registration form. Print your name and select the box for the appropriate changes. Enter the NEW information on the corresponding line.]

NAME:_____
Last First Middle

☐ FIRM OR COMPANY NAME:_____

☐ MAILING ADDRESS:_____

_____

☐ VOICE PHONE:_____

☐ FAX PHONE: _____

☐ E-MAIL ADDRESS: _____

FOR ALL ECF PURPOSES:_____

☐ ADDITIONAL E-MAIL ADDRESSES TO BE ADDED:_____

_____

☐ LOGIN NAME FOR
ALL ECF PURPOSES: _____ _____ _____ _____ _____ _____ _____

[Must be seven characters long, and must contain a combination of letters and numbers (No symbols).

☐ CHECK HERE TO REQUEST A NEW ECF PASSWORD.

☐ CHECK IF YOU WOULD LIKE TO DISABLE YOUR ECF LOGIN AND PASSWORD.

_____ _____
Signature of Applicant Date

Please return this form to: United States Bankruptcy Court
Middle District of Tennessee
Attn: ECF Registration
701 Broadway Nashville TN 37203
fax to: 615-695-4980
email to: tnmb_cmecfregistration@tnmb.uscourts.gov

You will receive an email to confirm the changes to your registration.