UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA
ATTORNEY REGISTRATION FORM

Name (Last, First, Middle Initial):	**PACER I.D.:**
Firm Name (if any):	**Telephone Number:**
Mailing Address:	**Fax Number:**
E-mail Address:	

I am a member in good standing of the State Bar of South Dakota and the Federal Bar for the District of South Dakota or have been admitted *pro hac vice* in South Dakota Bankruptcy Case Number _____.

I have been trained to file documents electronically by the United States Bankruptcy Court for the District of South Dakota or _____ (Identify Court).

I have read and agree to abide by the terms of the Court's Electronic Case Filing Administrative Procedures, as amended from time to time.

I consent to service by electronic means when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Date:_____ **Signature:_s/_____**

Enter your name above

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