

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH DAKOTA

DEBTOR'S REQUEST TO RECEIVE ELECTRONIC NOTICE

Bankruptcy Case Number:	
Last Name:	
First Name:	
Middle Name:	
Last Four Digits of SSN:	
Mailing Address:	
City:	
State:	
Zip Code:	
Phone:	
Fax:	
E-mail Address:	

I request to receive electronic notice and consent to service by electronic means in this case and in any related adversary proceedings, when permitted under applicable rules and the Court's Electronic Case Filing Administrative Procedures.

Date: _____

Signature of Debtor: _____

Attorney for Debtor must file this document electronically in CM/ECF.

If Debtor is not represented by an attorney, mail the original to:

Frederick M. Entwistle, Clerk
U.S. Bankruptcy Court
400 South Phillips Avenue, Room 104
Sioux Falls, SD 57104-6851