



UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

ECF REGISTRATION FORM

Instructions: Complete this form to request an Electronic Case Filing (ECF) account from the United States District Court, District of New Jersey. Submit the complete and signed form by e-mail to ecfreg@njd.uscourts.gov. After admittance verification, your user id and password will be electronically mailed to your primary e-mail address within two weeks.

Requirements: An attorney seeking to file documents electronically must be (1) admitted to practice in the United States District Court for the District of New Jersey and be a member in good standing with the Court pursuant to Local Civil Rule 101.1 or (2) authorized to represent the United States of America, or (3) so ordered by the Judicial Panel on Multi-district Litigation, or (4) seek appearance in a Criminal Case, and (5) has completed the ECF on-line tutorial or hands-on training at the Court.

(Please type your full name, including suffix, e.g., Sr., Jr., II, III, etc.)

First Name: _____ Middle Name: _____ Last Name: _____

Primary E-Mail : _____ Telephone: _____

Secondary E-Mail : _____

Affiliation/Firm: _____

Address : _____ Of fice Telephone: _____

: _____

City : _____ State : _____ ZIP : _____

Please provide your Date of Birth that will be maintained to assist confirming your identity should you require account changes: _____

Are you admitted to the bar of the District of New Jersey and a member in good standing or an attorney otherwise authorized to represent the United States? Yes No NJ State Bar ID: _____ (must be 9 numeric char.)

Date admitted to the bar of this Court or authorized to represent the United States: _____ (mm/dd/yyyy)

Attorney ID: _____ (In itials of first and last name, and last four digits of Soc. Sec. No.)

Please check if already registered as a Government attorney entering private practice.

Appearance in a Criminal Case:

Check if registering under Local Civil Rule 101.1(j) that provides that 101.1 "does not govern the appearance of attorneys representing defendants in a criminal case." Docket # _____

Appearance in a MDL Case:

Check if registering under Out-of-State attorney representing a party in an action transferred to NJ pursuant to an Order issued by the Judicial Panel on Multi-district Litigation. Docket # _____

By submitting this form, I am certifying that I have completed training and I hereby agree to abide by all Court rules, orders, policies and procedures governing the use of the electronic filing system. Pursuant to Fed. R. Civ. P. 5(b) and 77(d), I also consent to receive service of documents and notice of filings by electronic means via the Court's electronic filing system in the circumstances permitted under those rules, orders, policies and procedures. I understand that the combination of user i.d. and password will serve as the signature of the attorney filing the documents pursuant to Rule 11 of the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the Local Rules of this Court. Therefore, as a participating attorney, I agree to protect the security of my password and immediately notify the Court if I suspect my password has been compromised. Also, as a participating attorney, I will promptly notify the Court if there is a change in my personal data, such as name, e-mail address, firm address, telephone number, etc., pursuant to Local Civil Rule 10.1.

_____/S _____
Signature Date

COURT USE ONLY:
Admin: _____ Cs Opn: _____
User Code Assgn: _____
Password Assgn : _____