

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

ECF ATTORNEY REGISTRATION FORM

To register for an account on this Court's Electronic Case Filing System (ECF), please complete the following information:

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City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Primary e-mail address: _____
(Attorney's individual e-mail for purposes of receipt and confirmation of login and password information)

Fax Number: _____ Secondary e-mail address: _____
(For purposes of ongoing notices of filing, e.g. central repository, secretary)

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Central District of Illinois pursuant to Local Rule 83.5.

Date admitted to practice in this Court: _____ Are you currently in good standing? Yes No

The undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and Fed. R. Crim. P. 49(b) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the Court if they learn that their password has been compromised. The undersigned acknowledges that misuse of the password or violations of the Local Rules for controlling electronic filing may subject the undersigned to sanctions pursuant to Fed. R. Civ. P. 11. Visit the PACER web site at <http://pacer.psc.uscourts.gov> to establish a PACER account.

Attorney Signature _____ Date _____

Submit completed Registration Form to:
Pamela E. Robinson, Clerk
United States District Court
Attention: Electronic Filing System Registration
600 E. Monroe St
Room 151
Springfield, IL 62701
(217) 492-4020

Login name sent via e-mail. Password will be sent via separate e-mail after confirmation of receipt of login name. Contact any of our divisional offices with questions concerning registration or ECF.

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<input type="checkbox"/> Confirmation e-mail with login sent	<input type="checkbox"/> Copy of form mailed to attorney
<input type="checkbox"/> E-mail address confirmed by attorney	