

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:

First Name: _____ [PLEASE TYPE] Middle Name: _____

Last Name: _____ Bar ID Number and State: _____

Firm Name: _____

Address: _____

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: Denise Koester, Acting Clerk

Peoria Division
100 N.E. Monroe St.
Room 309
Peoria, IL 61602
309.671.7117

Urbana Division
201 S. Vine St.
Room 218
Urbana, IL 61802
217.373.5830

Springfield Division
600 E. Monroe St.
Room 151
Springfield, IL 62701
217.492.4020

Rock Island Division
211 19th St.
Room 203
Rock Island, IL 61201
309.793.5778

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.

COURT USE ONLY:

E - Filing Login Assigned: _____

E - Filing Password Assigned: _____

- Attorney's e-mail record updated Password e-mailed to attorney
 Confirmation e-mail with login sent Copy of form mailed to attorney
 E-mail address confirmed by attorney