CJA EVOUCHER REGISTRATION/ACKNOWLEDGMENT FORM

This form must be completed to register for a login and password for the U.S. District Court for the Central District of Illinois's Criminal Justice Act ("CJA") eVoucher Program.

Under the CJA eVoucher Program, you will be filing CJA vouchers and related documents electronically with the U.S. District Court for the Central District of Illinois. When using the CJA eVoucher Program, you must abide by the Federal Rules of Civil and Criminal Procedure, CJA Guidelines, the Local Rules, and administrative orders and policies of the Central District of Illinois.

Registered attorneys have the full responsibility to ensure that all user information, including billing information, is accurate.

The combination of the username and password within the CJA eVoucher Program will serve as the signature of the attorney filing the voucher or documents. Therefore, an attorney must protect and secure the username and password against unauthorized use. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the registered attorney to immediately notify the Court.

Name: Firm Name: Firm Address Line 1:						
				PO BOX/Suite:		
City:		Stat	e:	Zip:		
Phone Number: _						
EIN #:		SS #	:			
Primary Division:				Rock Island		
Primary Email:	and password	will be cent to the	na amail addrass a	 ntered above. You must enter a	valid omail	
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If you would	d like a notice	sent to another	email address, in	addition to your primary email a	ddress,	
please ente	r it in the field	above.				
Date:						
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