

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

ECF REGISTRATION FORM

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

[PLEASE TYPE]

First Name: _____ Middle Name: _____

Last Name: _____ Bar ID Number: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Primary e-mail address: _____

(Attorney's e-mail for electronic service)

Fax Number: _____ Secondary e-mail address: _____

(Central repository, Secretary, etc.)

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

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

If admitted pro hac vice: Date motion for pro hac vice granted: _____ in case number: _____

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)(2)(D) 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 certifies that they have completed the ECF tutorial on the Court's web site www.wied.uscourts.gov and have a PACER account. Visit the PACER web site at <http://pacер.psc.uscourts.gov> to establish a PACER account.

Electronic filing is *only* permissible in cases *approved* by the Court.

Attorney Signature _____ Date _____

Submit completed Registration Form to:

COURT USE ONLY:

United States District Court
Attention: ECF Registration - Room 362
517 E. Wisconsin Avenue
Milwaukee, WI 53202

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

If you prefer a specific login, enter it below:

Login name sent via e-mail. Password will be sent via separate e-mail after confirmation of receipt of login name. Contact the ECF Help Desk at 1-866-438-5410 with any questions concerning registration or ECF.