



# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

## E – FILING REGISTRATION FORM

**Requirements:** An attorney seeking to file documents electronically must be (1.) admitted to practice in the United States District Court for the Southern District of New York and be a member in good standing with the Court pursuant to Local Civil Rule 1.3 (2.) admitted pro hac vice or (3.) authorized to represent the United States of America.

**Instructions:** Complete this form to request an Electronic Case Filing (ECF) account from the United States District Court, Southern District of New York. Complete the form on-line and submit the form on-line.

**After verification, your user id and password will be electronically mailed to your e-mail address.**

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

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ If appropriate, check one:  
Sr. Jr. II III

E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Affiliation/Firm: \_\_\_\_\_ Firm's Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: (i.e. NY) \_\_\_\_\_ Zip: \_\_\_\_\_ County of Affiliation/Firm: \_\_\_\_\_

Please provide an alpha, numeric or alphanumeric code (unique personal identifier) that will be maintained confidentially for confirming your identity should you require your password changed or reassigned. \_\_\_\_\_

Are you admitted to the bar of the Southern District of New York and a member in good standing or an attorney otherwise authorized to represent the United States? Yes No

Date admitted to the bar of this Court or authorized to represent the United States: \_\_\_\_\_ (mm/dd/yyyy) Bar Code (SDNY) / Govt. ID: \_\_\_\_\_

If admitted pro hac vice, please complete. Date motion granted: \_\_\_\_\_ In case number: \_\_\_\_\_ (mm/dd/yyyy) If Attorney of Record in MDL action, provide MDL case number: \_\_\_\_\_

By submitting this form electronically or in paper form, I hereby agree to abide by all Court rules, orders, policies and procedures governing the use of the electronic filing system. I also consent to service by electronic means in the circumstances permitted under those rules, orders, policies and procedures. I understand that the combination of user id 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., and I will update the appropriate data within the ECF system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Click button below to submit form on-line]

**Court Use Only:**

User Code Assigned: \_\_\_\_\_

Password Assigned: \_\_\_\_\_

Issuer: \_\_\_\_\_ SCAN  DB