

United States District Court
Eastern District of New York

ECF

Registration - Page 1

[Please type]

Person Information:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Last Name: | Generation (i.e. Jr., Sr., II, III): |
| First Name: | Middle Name: |
| Title (i.e. attorney, secretary, paralegal): | Date of Birth: |
| Social Security Number: | |
| Are you admitted to the bar of the EDNY and, if so, are you a member in good standing? _____ Yes _____ No | |

Office Information:

| | | |
|-------------------|-----------------|--------------------------|
| Office: | | |
| Address 1: | | |
| Address 2: | | |
| Address 3: | | |
| City: | State: | Zip Code: |
| County: | Country: | Telephone No: () |

User Information:

| |
|-------------------------------------|
| Law Firm's E'mail Address: |
| Individual's E'mail Address: |
| Telephone Number: () |
| Fax: () |

**United States District Court
Eastern District of New York**

ECF Registration - Page 2

By submitting this form the undersigned agrees to abide by the following rules:

4. This System is for those cases designated by the Court for electronic filing. It may be used to file and view electronic documents and docket sheets.
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Applicant's Signature

Dated:_____

Return your completed form by mail, fax or e'mail to:

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