



ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM (CM/ECF)

Last Name: _____ First Name: _____ Middle : _____

Attorney Bar # and State: _____

Firm Name: _____

Street Address: _____

City: _____ State or Province _____ Zip Code or Postal Code: _____

Country _____ Telephone Number: _____

Primary E-mail Address: _____ Secondary E-mail Address: _____

By submitting this registration form, the undersigned understands and agrees to the following:

1. The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2. The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.
3. If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.
4. By signing this Registration Form, **you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with regard to service of a complaint and summons.** This provision does include electronic notice of the entry of an order or judgment.
5. You will continue to access court information via the Western District of Washington's internet site or through the Public Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-issued password. You can register for PACER at their web site: <http://pacer.psc.uscourts.gov>.
6. By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.

Signature (Type "s/" and your name)

Date Signed

E-MAIL OPTION:

Print and scan this form, then send it as an attachment to an e-mail to: cmecfreg@wawd.uscourts.gov

MAIL OPTION:

Print this form and mail to:
Clerk, U.S. District Court
Western District of Washington
Attn: ECF Attorney Registration
700 Stewart St., Ste 2310
Seattle, WA 98101

For assistance with this form, call ECF Support at 206-370-8440 Option 2
or 866-323-9293 Option 2