PRO SE ECF REGISTRATION FORM

An ECF password issued by this Court is required to file electronically. If you have been granted permission, by Court order, to file on the Court's ECF system you may complete this Pro Se ECF Registration Form.

[PLEASE TYPE]

CASE NUMBER:_____

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____Zip:_____

Telephone Number: _____ E-mail address: _____

(Pro se party individual e-mail for purposes of receipt and confirmation of password information)

By signing this form, I hereby agree to abide by all Court rules, orders, policies and procedures governing the use of the electronic filing system (ECF). 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 my signature on the documents I am filing 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 pro se litigant, 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 pro se litigant, I will promptly notify the Court if there is a change in my personal data, such as name, e-mail address, address, telephone number, etc.

Signature: _____ Date: _____

Submit completed Registration Form to:

Attorney Services

United States District Court

Southern District of New York

500 Pearl Street, New York, NY 10007