

**United States District Court for the Southern District of Texas  
Attorney Registration Form for Electronic Filing**

Date submitted: \_\_\_\_\_ (Please Print or Type)

First/Middle/Last Name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_ Licensing State: \_\_\_\_\_

Admitted to Practice in the Southern District of Texas:  yes  no

Firm: \_\_\_\_\_

Street and Suite: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Voice:(\_\_\_\_\_) \_\_\_\_\_

Facsimile:(\_\_\_\_\_) \_\_\_\_\_

E-Mail for Electronic Service: \_\_\_\_\_

If registered for ECF in another court, provide the Court name:  
\_\_\_\_\_

By submitting this form, I agree by these rules:

1. I agree to keep myself familiar with the technical and procedural requirements as they are adopted by the court.
2. My use of my password is an attorney's signature on documents filed electronically for Federal Rule of Civil Procedure Rule 11 and the Federal Rules of Criminal Procedure.
3. I agree that I am responsible for all use of my password, authorized or not.
4. By registering, I consent to electronic service of documents and notices and waive service by other means.

Applicant's Signature \_\_\_\_\_

**Please return to :**            **Electronic Registration**  
**United States District Court**  
**P. O. Box 61010**  
**Houston, Texas 77208-1010**

FOR OFFICE STAFF ONLY: Rec _____ AA _____ CL _____ ECF _____
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