

**United States District Court
Northern District of Indiana**

**Case Management/Electronic Case Files
Attorney Registration Form**

LIVE SYSTEM

This form shall be used to register for an account on the Court's Case Management/Electronic Case Files (CM/ECF) System. Registered attorneys will have privileges both to electronically submit documents, and to view and retrieve electronic docket sheets and documents for all cases assigned to the CM/ECF System. The following information is required for registration:

First/Middle/Last Name _____

Last four digits of Social Security Number _____

Are you admitted to practice and in good standing in the Northern District of Indiana? _____

Attorney Bar #: _____ State: _____

Firm Name _____

Address _____

Voice Phone Number _____

FAX Phone Number _____

Internet E-Mail Address _____

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

1. This System is for use only in cases permitted by the U.S. Courts for the Northern District of Indiana. It may be used to file and view electronic documents, docket sheets, and notices.
2. At this time, the requirements for filing, viewing, and retrieving case documents are: a personal computer (486 minimum) running a standard platform such as Windows, Windows 95, or Macintosh, an Internet provider using Point to Point Protocol (PPP), Netscape Navigator software version 4.5, 4.7 or 4.76 or Internet Explorer 5.5 and software program(s) that produce and/or convert digital and/or hard copy documents into Adobe Acrobat .pdf format versions 3.0 or 4.0.
3. Pursuant to Federal Rule of Civil Procedure 11, Every pleading, motion, and other paper

(except list, schedules, statements or amendments thereto) shall be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers shall be signed by the party. An attorney's password issued by the court combined with the user's identification, serves as and constitutes the attorney signature. Therefore, an attorney must protect and secure the password issued by the court. If there is any reason to suspect the password has been compromised in any way, it is the duty and responsibility of the attorney to immediately notify the court. This should include the resignation or reassignment of the person with authority to use the password. The attorney should change the password immediately.

4. An attorney's registration will constitute a waiver of conventional service of documents, the attorney agrees to accept service of notice on behalf of the client of the electronic filing by hand, facsimile or authorized e-mail.
5. The undersigned attorney agrees to abide by the most recent General Orders, User Manual for Electronic Case Filing and all technical and procedural requirements set forth therein.

Please return to : U.S. District Court
Northern District of Indiana
Office of the Clerk
204 South Main Street, Room 102
South Bend, IN 46601

Attention: CM/ECF Registration.

Applicant Signature

Initial of First Name + Last Name + Last 4 Digits SS#

Subscribed and sworn to before me this _____ day of _____, 20 ____ .

Notary _____

My commission expires _____