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**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NORTH CAROLINA
ELECTRONIC FILING ATTORNEY
GOVERNMENT REGISTRATION FORM**

This form is used to register for an account on the Eastern District of North Carolina Electronic Filing System. Registered attorneys will have the ability to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys agree to receive electronic notice of filings as well as agree to file all documents electronically through the system, pursuant to Fed. R. Civ. P. 5(b), 5(d), and 77(d), and Fed. R. Crim. P. 49(a)-(b). The following information is required for registration:

First Name: _____ Middle Initial: _____

Last Name: _____ If appropriate check one: Senior ___ Junior ___ II ___ III ___

State that issued license: _____ Bar Number: _____

Government Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice Telephone Number: _____ Fax Number: _____

Internet E-mail Address: _____

In which U.S. District court have you received CM/ECF training? _____

By submitting this registration form, the undersigned agrees to abide by all the Court rules, orders, policies, and procedures governing the use of the electronic filing system. The undersigned also agrees to receive notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(a)-(d) via the Court's electronic filing system. The undersigned agrees to file all documents electronically pursuant to Fed. R. Civ. P. 5(d) and Fed. R. Crim. P. 49(b). Pursuant to Fed. R. Civ. P. 5(d) and Fed. R. Crim. P. 49(b), a filing made through an attorney's electronic filing account and authorized by that attorney, together with that attorney's name on a signature block, constitutes the signature of the attorney. The combination of user ID and password will serve as the attorney's authorization for filing. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.

Signature of Registrant

Date

Submit completed Registration Form to:

United States District Court
Attention: ECF Attorney Registration
Post Office Box 25670
Raleigh, NC 27611