United States District Court
Eastern District of Arkansas

ELECTRONIC CASE FILING REGISTRATION FORM

Background: This form is used to register for an account on the Electronic Case Filing (ECF) System. Registered users consent to electronic service of all electronically filed documents, including Orders, and will have privileges to electronically file documents. Please visit www.are.uscourts.gov for more information about ECF.	**Instructions:** This form cannot be submitted electronically. Complete the form, print, sign, and return it to the Clerk's office at the address below. A user login name and password for access to the ECF system will be issued to you upon receipt of the fully completed form. All information is required, including your original signature, except where noted.
Name: (First, Middle Initial, Last) **Telephone:** **E-mail (primary):** (Address for receipt of official notification of electronic filings.) **E-mail (secondary):** (Optional address for receiving additional notification of electronic filings, e.g. secretary.) **State Bar Number:**	**Firm Name:** **Firm Address:**

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Eastern District of Arkansas pursuant to Local Rule 83.5 and currently in good standing.

The undersigned agrees to abide by all Court rules, orders, policies and procedures governing the use of the ECF system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b)(2)(D) and Fed R. Crim. P. 49(b) via the court's ECF system. The combination of user login and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised. Attorneys enrolling in the court's ECF system will automatically receive important information from the U.S. District Court regarding revisions to local rules, general orders, fees, and general information concerning the ECF system.

Attorney Signature_____ Date_____

Submit completed ECF Registration Form to:

James W. McCormack, Clerk of Court
United States District Court
Attention: ECF Registration
600 West Capitol Avenue
Room A149
Little Rock, AR 72201