
UNITED STATES DISTRICT COURT
FOR THE
SOUTHERN DISTRICT OF INDIANA

**ELECTRONIC CASE FILING
Attorney Registration Form**

This form shall be used to register for an account on the Court's Electronic Case Filing (ECF) system. Registered attorneys will have privileges both to electronically file documents, and to receive electronic notice of case activity for civil and criminal cases assigned to the Electronic Case Filing system. The following information is required for registration:

First/Middle/Last Name: _____

Attorney Bar ID #: _____ State: _____

Firm Name: _____

Firm Address: _____

Voice Phone Number: _____

FAX Phone Number: _____

Primary E-Mail Address: _____

Secondary E-Mail Address: _____

Basis under which attorney is permitted to practice law in the United States District Court for the Southern District of Indiana (check one):

- Admitted in INSD Pro Hac Vice Government Attorney

If Pro Hac Vice or Gov't Attorney, indicate the cause number for which admission has been granted:

Cause Number: _____

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings via the Court's electronic filing system.

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1. This system is for use only in cases permitted by the *U.S. District Court for the Southern District of Indiana*. It may be used to file documents electronically for all pending civil and criminal cases in the Southern District of Indiana. Please contact the Clerk's Office at (317) 229-3700, to schedule training.
 2. Every motion and other paper (except exhibits, lists, 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 ECF login and password issued by the court, serves in part as the attorney's signature, per Local Rule 5-7. 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. The Court will immediately delete that password from the electronic filing system and issue a new password.
 3. An attorney's registration will not waive conventional service of paper filings; submit the client to the jurisdiction of the Court; or operate as a consent to accept service of documents and orders in actions in which such attorney has not entered an appearance. An attorney's registration will constitute a waiver in law only of conventional service of electronically filed documents and orders. The attorney agrees to accept, on behalf of the client, service of notice of the electronic filing by hand, facsimile or authorized e-mail.
 4. Attorneys must be active members of the bar of this Court to file documents electronically.

Please return this form
with original signature to:

U.S. District Court, Southern District of Indiana
Attn: ECF Registration Processing
46 East Ohio Street, Room 105
Indianapolis, IN 46204

***Photocopies and faxes WILL NOT be accepted.

Attorney's Signature

NOTE: The information below will be used to generate a unique Login for use in accessing the ECF system. Please provide a four-digit number that is easy to remember, such as the last 4 digits of your Social Security Number.

| | | |
|--------------------------------|----------------|--|
| First Initial of First Name | Full Last Name | 4 Digit Number (last 4 digits of SSN is suggested) |
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