
UNITED STATES DISTRICT COURT
FOR THE
SOUTHERN DISTRICT OF INDIANA

**ELECTRONIC CASE FILING
Attorney Registration Form**

This form is used to register for an account on the Court's Electronic Case Filing (ECF) system. Attorneys in the Southern District of Indiana are required to file documents using the ECF system and will receive electronic notice of documents issued by the Court or filed by other registered attorneys. Once ECF registration is complete, attorneys who seek to electronically file new civil and miscellaneous cases will need to complete the [Electronic Civil Case Opening Training Certification](#).

The following information is required for ECF 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(es): _____

Basis for attorney's request to access the Court's Electronic Case Filing system (check one):

- Admitted in INSD Pro Hac Vice Government Attorney MDL Case
 Appointed by Seventh Circuit

If "Pro Hac Vice," "Government Attorney," "MDL Case," or "Appointed by Seventh Circuit," please indicate the cause number for which admission is pending or 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 service of filings via the Court's electronic filing system.

-
1. This system is for cases in the *U.S. District Court for the Southern District of Indiana*. Admitted attorneys may use the system 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 being filed (except exhibits, lists, statements or amendments thereto) must be signed by at least one attorney of record or, if the party is not represented by an attorney, all papers must be signed by the party. An attorney's ECF login and password serves in part as the filing attorney's signature, per Fed. R. Civ. P. 5(d)(3)(c) and Fed. R. Cr. P. 49(b)(2)(A). 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 does not waive conventional service of paper filings, submit the attorney's client(s) to the jurisdiction of the Court, or operate as a consent to accept service of documents and orders in actions in which the attorney has not entered an appearance. An attorney's registration constitutes 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 or admitted *pro hac vice* to file documents electronically.

Please return this form with **original** signature to the Clerk's Office of the U.S. District Court for the Southern District of Indiana. The form may be submitted in .pdf format, via e-mail to the following address: insd_cmecf@insd.uscourts.gov. Please include "ECF Registration" and the attorney's name in the subject line.

or a hard-copy may be mailed to:

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

Forms **WILL NOT** be accepted by facsimile unless it is an emergency, approved by the Clerk or Chief Deputy Clerk.

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.

First Initial of First Name	Full Last Name	4 Digit Number
--------------------------------	----------------	----------------