

**United States District Court for the Northern District of Illinois E-Filing Registration Form**

<p><b>Requirements:</b> An attorney seeking to file documents electronically must be (1) a member in good standing of this Court’s General Bar, (2) admitted pro hac vice, or (3) authorized to represent the United States of America.</p>	<p><b>Instructions:</b> Complete this form to request an Electronic Filing (E-Filer) account from the U.S. District Court. Complete a hard copy of this form, sign it, and submit it to the address shown below. After verification, your E-filer user id and password will be sent to your e-mail address.</p>
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First Name	Middle Name	Last Name	Generation, <i>e.g.</i> , Sr., Jr.
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E-mail address: \_\_\_\_\_

Firm/Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Are you currently a member in good standing of the bar of this Court or an attorney otherwise authorized to represent the United States?      Yes       No

Date Admitted to USDC General Bar: \_\_\_\_\_ IL ARDC # \_\_\_\_\_

If admitted pro hac vice, enter case number and the date leave to appear was granted.

Case Number: \_\_\_\_\_ Date Motion granted: \_\_\_\_\_

If you are currently a registered e-filer in another court, identify that court. \_\_\_\_\_

I have read Local Rules 5.2, 5.5, and 5.9, and the Court’s General Order on Electronic Case Filing (Check box to indicate you have read the applicable rules and General Order).

I hereby agree to abide by all Court rules, orders, policies, and procedures governing the use of the electronic filing system used in the District Court. I also consent to service by electronic means in the circumstances permitted under those rules and orders. I further understand that the combination of user id and password will serve as the signature of the attorney filing the documents pursuant to Rule 11 of the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure, and the Local Rules of this Court. Therefore, as a participating attorney, I recognize that I am personally responsible for the security of my password and agree to notify the Clerk of Court if I believe that my password has been compromised. Also, as a participating attorney, I will promptly notify the Clerk of Court of changes in my personal data, *e.g.*, name, e-mail address, firm, mailing address, telephone, and I will promptly update the appropriate data in the ECF system.

Mail or hand deliver to  
 Clerk of Court—ECF  
 U.S. District Court  
 Room 2050  
 219 South Dearborn  
 Chicago, IL 60604

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date