



UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

E-FILING REGISTRATION FORM
w/ Certification of Independent Training
FOR ATTORNEYS ADMITTED TO THE BAR OF THIS COURT

Instructions: Upon completion of required tutorial based CM/ECF training, Delaware addressed bar members may e-mail this registration form to the Clerk's Office. Upon activation, a login and password will be provided by e-mail.

If admitted to the bar of this court, but do not maintain an office in Delaware, please call the Clerk's Office for the correct registration form.

(Please Print or Type all information)

E-Mail Address: _____

Last Name: _____ Generation: (e.g., Jr., Sr.) _____

First Name: _____ Middle Initial: _____

Firm's Name: _____

Address: _____

Address cont'd: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ FAX No.: _____

Do you have a PACER Account? Yes No

DE Bar ID Number: _____

Date admitted to the bar of **this Court:** _____ (mm/dd/yyyy)

As a member of the bar of this Court are you currently in good standing and up to date on applicable annual attorney registration fees? Yes No (if no or unknown, call the Help Desk before submitting this form).

Annual fee is due once admitted more than 5 years - as of following January 1st- See District Court Fund St. Order

By submitting this form, I certify that I have reviewed and understand all CM/ECF training/tutorial materials available on the Court's web site. I agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of CM/ECF, and consent to receive service of documents and notice of filings by electronic means via CM/ECF/PACER. I understand that the use of my userID, password and /s/ signature will serve as the my signature when filing case documents. I agree to protect the security of my password and immediately notify the Clerk of Court if I suspect that my password has been compromised. Also, as a participating attorney, I will promptly update my CM/ECF account or notify the Clerk's Office when applicable, any time there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc.

* See
Below

Signature of Attorney

Date

* **PRINT, SIGN AND SCAN** this completed form as an e-mail attachment (pdf), and E-mail to:

BarMemberECFRegForm@ded.uscourts.gov

Subject: Bar Member ECF Registration

(Paper courtesy copy NOT required)

Clerk, U.S. District Court for the District of Delaware
ATTN: ECF Registration, Room 4209
844 N. King Street, Unit 18
Wilmington, DE 19801

Website: ded.uscourts.gov
Help Desk: (302) 573-6170

COURT USE ONLY: (ECF Bar Reg. Form - Tutorial Training Certified - Rev. 11-13)

BAR STATUS VERIFIED BY: _____

ANNUAL FEE STATUS: N/A PAID CURRENT YEAR

DATE CM/ECF ACCOUNT ACTIVATED: _____

USER ID: _____ PASSWORD: _____