



**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE
ELECTRONIC FILING REGISTRATION FORM**

***FOR ATTORNEYS RETAINED IN CRIMINAL CASES WHO ARE
NOT ADMITTED TO THE BAR OF THIS COURT***

Instructions: Attorneys who are retained in Criminal cases, who are not members of the bar of this Court, shall register for CM/ECF on a case-by-case basis. To request a CM/ECF account, submit an original signed registration form to the Clerk's Office, to include an original Certificate of Good Standing issued by the jurisdiction in which admitted to practice. After verification, a user ID and password will be provided. Registration will be valid for electronic filing and noticing in this case only.

(Please Print or Type all information)

CASE CAPTION: U.S.A. v. _____ CRIM. ACTION # _____

Internet E-Mail Address: _____

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

First Name: _____ Middle Initial: _____

Firm's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ FAX No.: _____ Do you have a PACER Account? Yes No

Jurisdiction where admitted to practice: _____ Bar ID # _____

(A CERTIFICATE OF GOOD STANDING IS ATTACHED PURSUANT TO STANDING ORDER DATED 6/30/09)

By submitting this form, I hereby agree to abide by all District of Delaware rules, orders, policies and procedures governing the use of ECF. I have independently reviewed both the CM/ECF User's Manual on the Court's web site. I consent to receive service of documents and notice of filings by electronic means via ECF in the circumstances permitted under those guidelines. I understand that the combination of user ID and password will serve as the signature of the attorney filing the document. 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 notify the Clerk's Office if there is a change in my personal data, such as name, e-mail address, firm address, phone number, etc. I further understand that my user ID and password are only valid for this criminal action.
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Signature Date

Submit completed registration form to: Clerk U.S. District Court for the District of Delaware ATTN: ECF Registration Room 4209, Unit 18 844 N. King Street Wilmington, DE 19801 (302) 573-6170	COURT USE ONLY: (ECF Crim. Retained Atty. Reg. Form - Rev. 7/09) DATE REGISTRATION FORM RECEIVED: _____ USER ID: _____ PASSWORD: _____ DATE ISSUED: _____ BY: _____ CERT. GS DOCKETED: ____/____/____ BY: _____
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