

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS**

ELECTRONIC FILING REGISTRATION FORM

Complete this form to request an Electronic Case Filing (ECF) account from the United States District Court for the Southern District of Illinois. You may submit the form online at the court's website, www.ilsd.uscourts.gov or deliver the completed form to the clerk's office (by mail or in person). **If you are submitting General Admission paperwork to the clerk's office, print and submit this registration form with the paperwork. Do not submit this registration form electronically. After verification, your user id and password will be electronically mailed to the email address listed on the registration form.** Contact the ECF Help Desk at (866) 867-3169 (East St. Louis) or (866) 222-2104 (Benton) if you have questions concerning registration or the electronic filing process.

Please Print or Type

Full Name: _____

Bar ID Number: _____ State Issued: _____
Indicate all states in which you are admitted to practice.

Affiliation/Firm Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Fax Number: () _____

Primary Email Address: _____

Secondary Email Address: _____

I already have an ECF login that I use at another court, which is _____. Please assign same login.

Are you already or have you recently applied to be generally admitted to practice in this court? Yes No

If not generally admitted, will you be applying for pro hac vice admission in this district court? Yes No

If so, in what case _____.

Are you submitting a new case? Yes No

Are you entering your appearance on behalf of a government agency? Yes No

Are you entering your appearance on behalf of a party to an MDL case? Yes No

By submitting this registration form, I agree to abide by all court rules, orders, policies, and procedures governing the use of the electronic filing system. I also consent to receive notices of filing pursuant to Federal Rules of Civil Procedure 5(b) and 77(d) via the court's electronic filing system. I understand that the combination of user id and password will serve as my signature. I agree to protect the security of my password and immediately notify the court if I learn that my password has been compromised.

Signature of Attorney: _____ Date: _____

Submit completed Registration Form to the clerk's office (by mail or in person) to:

**United States District Court
Southern District of Illinois
Attn: ECF Registration**

750 Missouri Avenue or 301 W. Main Street
East St. Louis, IL 62201 Benton, IL 62812

Court Use Only

User Code Assigned: _____

Password Assigned: _____

Issuer: _____