

**United States District Court
Western District of Louisiana
ELECTRONIC CASE FILING SYSTEM
Attorney/Participant Registration Form**

This form shall be used to register for an account on the Western District of Louisiana's Electronic Filing System. Registered attorneys and other participants will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the Electronic Filing systems. The following information is required for registration:

Please print or type

First/Middle/Last Name: _____

Attorney Bar # and State: _____

Firm Name: _____

Firm Address: _____

Telephone Number: _____

FAX number: _____

E-Mail Address: _____

(Attorney's email for electronic service)

Additional E-Mail Address: _____

(Secretary, central repository, etc.)

How do you want to receive notice?(Pick one) _____Daily summary _____Notice after every filing

****Note: Attorneys seeking to file documents electronically must first be admitted to practice in the United States District Court, Western District of Louisiana pursuant to LR83.2.3.**

****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 notice of filings pursuant to Fed.R.Civ.P. 5(b) and 77(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised.**

Date

Attorney/Participant Signature

**Please return to: U.S. District Court, Western District of Louisiana
300 Fannin, Suite 1167
Shreveport, LA 71101
Fax: (318) 676-3962
Contact Help Desk for more information at 1-866-323-1101**