

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. The following information is required for registration:

(First Name)	(Middle Name)	(Last Name)
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(Attorney Bar #)	(State)
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Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Primary e-mail: _____

Secondary e-mail(s) (e.g., secretaries, paralegals, etc. Do not include co-counsel): _____

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 LR 83.2.3.**

****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)
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**Please bring form to training OR return to: U.S. District Court, Western District of Louisiana
300 Fannin Street, Suite 1167
Shreveport, LA 71101
Fax: (318)676-3962 or (318)934-4715
Contact Help Desk for more information at 1-866-323-1101**