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 System. The following information is required for registration:

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| --- | --- | --- | --- |
|  |  | |  |
| (First Name) | (Middle Name) | | (Last Name) |
|  | | | |
|  | |  | |
| (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.**

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|  |  |  |
| (Date) |  | (Attorney/Participant Signature) |

**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**

**Contact Help Desk for more information at 1-866-323-1101**