**UNITED STATES DISTRICT COURT**

**WESTERN DISTRICT OF LOUISIANA**

**Electronic Filing Authorized Staff Waiver Request Form**

 The Western District of Louisiana requires each attorney interested in electronic filing to attend a CM/ECF training class unless the attorney submits a training waiver. An attorney may allow an authorized staff member to attend the training class in place of the attorney. Attorneys who delegate the training class to a staff member must fill out this form to allow the staff to attend the class in their place. Staff should bring this form to class along with the Attorney/Participant Registration Form signed by the attorney which can be found on the website at [www.lawd.uscourts.gov](http://www.lawd.uscourts.gov) under the “Attorneys” tab and then “Attorney ECF Training.”

 **By signing this form, the attorney agrees to the following rules that govern the use of the attorney’s e-filing account:**

* A PACER account is required to e-file in this Court. For more information, please go to: [www.pacer.gov](http://www.pacer.gov). Once an attorney submits an e-file registration request through PACER, this Court will review the request and approve if appropriate.
* The attorney shall be responsible for all documents filed with his or her e-filing account. No attorney shall knowingly permit his or her e-filing account to be used by anyone other than an authorized employee of the attorney.
* The attorney’s login and password, according to the Court’s Local Rules and Federal Rule of Civil Procedure 11, becomes the Filing User’s signature on all documents electronically filed with the Court.

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that my staff is attending the electronic filing training class on my behalf and I agree to abide by the rules listed above regarding user names and passwords. I ask that the Clerk of Court approve my e-file registration request made through PACER.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ La. State Bar No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please bring this form to class or submit to the U. S. District Court, Western District of Louisiana, 300 Fannin Street, Suite 1167, Shreveport, LA 71101.**