

ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM (CM/ECF)

Last Name:	First Name:	Middle Name:
Attorney Bar # and State:		
Email Address:		Phone:
Address:		
By submitting this registration fo	rm, the undersigned understands and agrees t	to the following:
1. The CM/ECF system is to be u	sed for filing and reviewing electronic docume	ents, docket sheets, and notices.
	ed with your login, serves as your signature ur consible for protecting and securing this passw	nder Federal Rules of Civil Procedure 5(d)(3)(C) word against unauthorized use.
	pect that your password has been compromise will assess the risk and advise accordingly.	ed in any way, you are responsible for immediately
personal service or first-class		ally and waive your right to receive notice by sedure 5(b)(2)(C), except with regard to service of a electronic notice of the entry of an order or
	R) system. A PACER login and password is req	shington's website or through the Public Access to juired to electronically file. You can register for PACER
	cedures developed by the Clerk's Office, and a	the rules and regulations in the most recent General any changes or additions that may be made to such
Sigr	nature (type "s/" and your name)	Date Signed

E-MAIL SUBMISSION:

Print and scan this form, then send it as an attachment to an email to: cmecfreq@wawd.uscourts.gov.

For assistance with this form, call ECF Support at 206-370-8440, option 2 or 866-323-9293, option 2.