

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF KENTUCKY**

ELECTRONIC FILING ATTORNEY REGISTRATION FORM

This form is used to register for an account on the Western District of Kentucky Electronic Filing System (the system). Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. By registering, attorneys consent to electronic service of all documents through the court's transmission facilities in accordance with the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the joint local rules of this Court. The following information is required for registration (please type):

First Name: _____ **Middle Name:** _____
Last Name: _____ **Generation:** _____

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax Number:** _____

Primary E-mail Address: _____

Secondary E-mail Address (if applicable): _____

Attorney seeking to file documents electronically must be admitted to practice in the United States District Court for the Western District of Kentucky pursuant to Joint Local Rules.

Are you admitted to practice in this Court? Yes No

If admitted pro hac vice give case number in which pro hac vice status was granted: _____

By signing this form, you shall certify that you have read and are familiar with the rules of practice and the administrative procedures guide governing electronic filing, which may be found at www.kywd.uscourts.gov and that you have a PACER account. Visit the PACER web site at <http://www.pacer.gov> to establish a PACER account.

Please verify your method of training: web-page tutorial; provided by court personnel;
 provided by in-house certified trainer; court training in other jurisdiction: _____ (other court).

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 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.

Signature of Registrant

Date

Return this completed registration form via hand delivery or U.S. Mail to:

United States District Court
Attention: Electronic Filing System Registration
601 W. Broadway, Room 106
Louisville, KY 40202

Your login and password to access the system will be e-mailed to you at a time that the Court determines to be appropriate. User manuals and other important information regarding the electronic filing system (ECF) are available for downloading from our website.

If you have any questions concerning the registration process or the use of the electronic filing system, you may contact the Electronic Help Desk at 1-866-822-8305.