

UNITED STATES DISTRICT COURTS
EASTERN DISTRICT OF WISCONSIN
ELECTRONIC FILING REGISTRATION FORM FOR MDL ATTORNEYS

- * To register for an account on this Court's Electronic Case Filing System (ECF), please complete the following information.
- * Click button "Email Registration to Court". NOTE: Using the button is preferred. Please do not scan and print if it can be avoided.
- * If a dialog box asks you to choose between a "Desktop Email Application" and "Internet Email", please choose "Desktop Email Application".
- * You will be sent an email asking you to confirm receipt. Please reply to this email.
- * Login and Password information will be sent via separate e-mail once your confirmation email is received by the court.

This form is used by attorneys in MDL matters to register for an account on the Eastern District of Wisconsin Electronic Filing System (ECF). Registered attorneys will have privileges to electronically submit documents and to receive electronic service of filings. By registering, attorneys consent to receiving electronic notice of filings through ECF. Only attorneys may register for an ECF account. The following information is required for registration:

[PLEASE TYPE]

First Name: _____ Middle Name: _____

Last Name: _____ Bar ID Number: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Primary e-mail address: _____
(Attorney's e-mail for electronic service)

Fax Number: _____ Secondary e-mail address: _____
(Central repository, Secretary, etc.)

MDL Action - Indicate Case Number: _____

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)(2)(E) and Fed. R. Crim. P. 49(b) 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. The undersigned certifies that they have a PACER account. Visit the PACER web site at pacer.psc.uscourts.gov to establish a PACER account.

Attorney ECF Signature _____ Date _____

Note: Use s/ Attorney Name format. See Policies and Procedures Sec II(C).

Submit completed Registration Form to:

wied_clerks_milw@wied.uscourts.gov

COURT USE ONLY:

E - Filing Login Assigned: _____

E - Filing Password Assigned: _____

If you prefer a specific login, enter it below

Contact the ECF Help Desk at 1-866-438-5410 with any questions concerning registration or ECF.