



United States District Court
Western District of Arkansas

ELECTRONIC CASE FILING
REGISTRATION FORM

This form is used to register for an account on the Western District of Arkansas Electronic Case Filing (ECF) System. Registered users will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents.

Instructions: This form may be submitted online at the Court's website, www.arwd.uscourts.gov. You may also print a hard copy, complete the form, sign and return it to the Clerk's office at the address below. **After verification, unless other arrangements have been made, a user login and password for access to the ECF System will be electronically transmitted to the e-mail address listed on the registration form. All information indicated by an asterisk (*) is required.**

*First / Middle / Last Name: _____

*Bar ID Number: _____ *State Issued: _____

Firm Name: _____

*Mailing Address: _____

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

*Telephone Number: _____ Fax Number: _____

*Primary E-Mail Address: _____

Secondary E-Mail Address: _____

*Are you admitted to Practice in the Western District of Arkansas? Yes No

*If yes, are you a member in good standing? Yes No

*Are you admitted to practice pro hac vice in the Western District of Arkansas? Yes No

I already have an ECF login that I use at another court. Please assign the same login.

Existing Login: _____

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Courts for the Eastern and Western Districts of Arkansas pursuant to Local Rule 83.5 and currently in good standing.

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders, policies and procedures governing the use of the ECF System. The undersigned also consents to receiving the notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's ECF System. The combination of user login and password will serve as the signature of the attorney filing the documents. Attorneys must protect the security of their password and immediately notify the court if they learn that their password has been compromised.

*Attorney Signature: _____

Date: _____

This form may be submitted online at the Court's website, www.arwd.uscourts.gov, or print a hard copy, and mail the completed ECF Registration Form to:

Christopher R. Johnson, Clerk of Court
United States District Court
Attention: ECF Registration
P. O. Box 1547
Fort Smith, AR 72902-1547