**UNITED STATES DISTRICT COURT**

**Northern District of California**

# PRO SE ECF REGISTRATION

All cases in the Northern District of California are included in the Electronic Case Filing (ECF) Program. If your application to participate in the ECF Program is granted, all documents that you file must be submitted electronically. **Do not submit this form unless the Judge has granted your motion for permission to e-file.**

By signing and submitting to the court a request for an ECF User ID and Password, you consent to entry of your e-mail address into the court’s electronic service registry for electronic service on you of all e-filed papers pursuant to Rules 5(d)(3) and 77(d) of the Federal Rules of Civil Procedure.

For more information, please see the Local Rules and General Orders available at: [www.cand.uscourts.gov](http://www.cand.uscourts.gov).

To obtain a login and password for access to the ECF system,

1. **Fill out this form completely on your computer, save it, and email it** to: [ECFREG@cand.uscourts.gov](mailto:ECFREG@cand.uscourts.gov).

**AND**

1. **Print out this form, sign it and keep the original for your records.**

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| Last Name: | |  | | | | | | |
| First Name: | |  | | | | | | |
| Middle Name: | |  | | | | | | |
| Suffix (Jr., Sr., Esq., etc.): | |  | | | | | | (Optional) |
| Company Name: | |  | | | | | | (Optional) |
| Address 1: | |  | | | | | | |
| Address 2: | |  | | | | | | |
| City: | |  | | | | | | |
| State (2-letter abbreviation): | |  | | Zip : |  | | | |
| Telephone (with area code): | |  | | | | | | |
| E-mail address (for service of electronically filed papers): | | | |  | | | | |
| Login (must be Last Name PLUS 2 letters AND 2 numbers): | | | |  | | | | Example:smithxy45 |
| **Your “Keys” are used to identify you to our support personnel should you lose your password.**  **Example: Q: “What is my dog’s favorite food?” A: “Lasagna”** | | | | | | | | |
| Key Question: |  | | | | | | | |
| Key Answer : |  | | | | | | | |
| Case Number (REQUIRED): |  | | Date of Order Granting E-Filing (REQUIRED): | | |  | | |
| Case Name : |  | | | | | | | |
| Signature: |  | | | | | Date: |  | |

**To affirm that you have signed this form, type /s/ in the signature blank above.** This “conformed signature” on the electronic copy carries the weight of a real signature. Sign the original and keep it for your records.

We will confirm your registration and send your ECF password via email within three business days of our receipt of your application via email.