

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA
CM/ECF TRAINING WAIVER REQUEST FORM**

The United States District Court, Eastern District of Louisiana, requires that an attorney attend a training class before the attorney is given a login and password to electronically file in this court.

However, if you attest that you have previously used CM/ECF to electronically file documents in another district or bankruptcy court, or you have previously attended CM/ECF training at another district or bankruptcy court, you may request a training waiver by filling out the information located below. In addition, you must also submit a signed CM/ECF Registration Form which is provided on the following page.

Please type or print:

Prior CM/ECF Filing Experience:

I, _____, hereby certify that I have previously filed using CM/ECF in the United States District/Bankruptcy (*circle one*) Court, for the _____ District of _____.

Or, Prior CM/ECF Training Experience:

I, _____, hereby certify that I have attended CM/ECF training at the United States District/Bankruptcy (*circle one*) Court, for the _____ District of _____, on or about the date of _____.

I certify that I understand how to use the CM/ECF system and that I have read all court rules and procedures regarding CM/ECF. I authorize the Clerk's Office to contact me by telephone, mail or email to inform me of my login and password.

Signature

Date

LA Bar Number

Please send to: Clerk's Office, at 500 Poydras Street, Room C-151, New Orleans, LA 70130 or by fax to (504) 589-7697.

**United States District Court
Eastern District of Louisiana
ELECTRONIC CASE FILING SYSTEM
Attorney Registration Form**

This form shall be used to register for an account on the Eastern District of Louisiana's Electronic Filing System. Registered attorneys will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the Electronic Filing systems. The following information is required for registration:

Please Type

First/Middle/Last Name: _____

Attorney Bar # and State: _____

Firm Name: _____

Firm Address: _____

Telephone Number: _____

FAX number: _____

E-Mail
Address: _____
(Attorney's email for electronic service)

Additional E-Mail Address: _____
(Secretary, central repository, etc.)

****Note: Attorneys seeking to file documents electronically must first be admitted to practice in the United States District Court, Eastern District of Louisiana pursuant to LR83.2.2 or 83.2.5. Attorneys filing only in MDL cases are not required to be admitted to practice in this 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 undersigned also consents to receiving notice of filings pursuant to Fed.R.Civ.P. 5(b) and 77(d) via the Court's electronic filing system and consents to receive service from other filing users by the Notice of Electronic Filing generated by 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.**

Date

Attorney/Participant Signature

You must bring the completed form with you to your scheduled training.