

ELECTRONIC FILING REGISTRATION FORM

Last Name:	First Name:	Middle:
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otherwise authorized to represent the	he bar of the District of Rhode Island and a nee United States.	
before submitting this form.)	Hac Vice and indicate case number below.	(Pro Hac Vice admission must be granted
	case removed from state court pursuant to LF	R Gen 302(c) or are counsel in a
Case number:		
 I agree that the combination of Rules of Civil and Criminal Pr Clerk's Office as soon as I lear In accordance with the provisions of an order or judgment by ma I agree that all transmissions for accordance with the approved 	gistration form, the undersigned agrees to the the user log-in name and the password will serve occdure. I further agree to protect the security of rn that my password may have been compromised ons of Fed. R. Civ. P. 5(b)(2)(E), I agree that I was of Fed. R. Civ. P. 77(d) and Fed. R. Crim. P. 49 il, and I consent that such notice may be served by the relectronic case filings of pleadings and docume civil and criminal event menus of the ECF system ordance with the Fed. R. Civ. P. 5.2, Fed. R. Crimourts.gov	e as my signature for purposes of the Federal my password and to immediately notify the d. ill accept service by electronic means. (c) providing for service of notice of the entry by electronic means. ents to the ECF system shall be titled in m.
Signature (Type "/s/	" and your name)	 Date Signed

Complete this form and click the E-Mail button to send it to the Clerk's Office via your email provider. You can also save this form and attach it to an e-mail sent to: cmecfreg@rid.uscourts.gov.

For assistance with this form, call the ECF Help Desk at 401-752-7100.