



UNITED STATES DISTRICT COURT
District of Rhode Island

MEDIA REGISTRATION FOR CM/ECF ACCESS TO CASES OF INTEREST

Applicant Information

Full Name: _____
First Middle Last Generation

Address: _____
Name of Media Organization

Street Address Apartment/Unit #

City State ZIP Code

Phone Number: _____ E-mail Address: _____

Are you employed by the above organization or are you an independent journalist? Employee Independent
 Yes No

Have you been approved to use electronic devices in the Courthouse? Yes No

Bureau Chief, Managing Editor or News Director Information

Name: _____
First Middle Last Title

Phone Number: _____ E-mail Address: _____

Certification and Signature

I agree to abide by all Court rules, orders, policies and procedures governing the use of the electronic case system. I further acknowledge that a PACER (Public Access to Court Electronic Records) account is required to access the Court's ECF System and that I am subject to all PACER fees.

I agree to protect the security of my login and password and immediately notify the Clerk's Office: (1) if I learn that my password has been compromised; or (2) upon my resignation or transfer to a different place of employment.

I agree not to disseminate any information contained in any notices or documents received in error, in particular, any notices or documents concerning a sealed matter. I agree to immediately delete such notices or documents received in error, and agree to immediately notify the Clerk's Office.

I understand that the Court reserves the right to grant, deny, or withdraw access to the Court's ECF System at any time without advance notice. I understand that any violation of this agreement may result in court-imposed sanctions.

Signature: _____ Date: _____