



UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

APPLICATION TO REGISTER FOR CM/ECF AS SELF-REPRESENTED
PARTY

Case Name: _____

Case Number: _____

As a non-prisoner self-represented you may apply for a CM/ECF user account that will allow you to file documents electronically with the Court and to receive electronic service via e-mail of filings in your case. Applying to e-file constitutes consent to electronic service of documents. By checking the appropriate box on page 2 of this application form, you may opt out of receiving electronic service if your application is denied.

ANY REQUEST FOR E-FILING PRIVILEGES MUST BE APPROVED BY THE COURT. You will be notified by e-mail whether your application is granted or denied.

Upon approval of this application by the Court and activation of your PACER and CM/ECF accounts, you will be a Registered User pursuant to Local Rule 5-1(a)(2) and are required to abide by the requirements and conditions for CM/ECF and PACER as explained on the following pages. Approval to e-file or receive service electronically may be discontinued by the Court at any time.

IMPORTANT

DO NOT apply if:

- **You are in prison. E-filing for self-represented parties is available only to non-prisoners. If you become incarcerated during the pendency of your case, any approval to e-file or receive service electronically through CM/ECF will be discontinued.**
- **You are unable or unwilling to abide by any of the applicable requirements.**

Information about electronic filing is available on the Court's website at ord.uscourts.gov, and you may call the Clerk's Office for assistance with questions about this application (Portland: 503-326-8000; Eugene: 541-431-4100; Medford: 541-608-8777).

Clerk's Office staff are prohibited from giving any legal advice regarding your case.

Registrant Information

Case Name: Case Number:	Instructions: Review the District of Oregon CM/ECF User Manual , the PACER User Manual , and the PACER Non-attorney Filer Registration page before completing and submitting this form.
Name: <i>(first, middle initial, last)</i>	Address:
Telephone:	
E-mail:	
<input type="checkbox"/> Opt out: If my CM/ECF Application is denied, I do not want to receive electronic service of filings and notice via CM/ECF.	
<input type="checkbox"/> I certify that I have reviewed the District of Oregon CM/ECF User Manual , the PACER User Manual , and the PACER Non-attorney Filer Registration page .	
<input type="checkbox"/> I have been previously approved for e-filing by the District of Oregon in case no.: _____	
By physically or electronically signing this form, I agree to abide by the requirements and conditions of CM/ECF and PACER, as set forth in the CM/ECF User Manual and PACER User Manual.	
Signature: s/ _____	Date: _____
E-mail this form to the Court by clicking "Submit by E-mail" below, which will send the form directly to admissions@ord.uscourts.gov.	