

# **\*\*INSTRUCTIONS\*\***

## Registration Form For All E Filing Participants



United States Court of Appeals for Veterans Claims  
625 Indiana Ave., NW Suite 900  
Washington, DC 20004  
202-418-HELP (3453)  
efiling@vetapp.gov

### **CM/ECF EFILING REGISTRATION FORM FOR ALL PARTICIPANTS**

This form is used to register for a valid user name and password that will allow all participants to efile on the Court's Electronic Case Filing System.

The form must be filled out, saved as a PDF file\*, and then submitted via e-mail to:  
efiling@vetapp.gov.

All form fields are mandatory and must include the applicant's electronic signature. This court recognizes the following format for electronic signature:

/s/ Typed Participant's Name

**NOTE:** Each Participant must complete the training before submitting this form. By submitting the form, the participant is certifying that the training has been completed as required.

**REMINDER: All participants must keep their e-mail address updated with the Court to receive electronic docket notices (service).**

*\*To be able to save as a PDF File, you must have a PDF writer such as Adobe Writer or CutePDF. Note that there are a number of PDF converters available for minimum or no cost. Please consult with your IT Professional if you have questions.*



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## CM/ECF EFILING REGISTRATION FORM FOR ALL PARTICIPANTS

This form is used to register for a valid user name and password that will allow all participants to efile on the Court's Electronic Case Filing System. The issued user names and passwords will allow participants to electronically file and retrieve electronic docket sheets and documents that have been filed in the new CM/ECF System. NOTE: All participants must have and maintain an e-mail address to receive Notices of Electronic Docket Activity.

It is mandatory for all participants to complete the Court's posted training modules before submitting this form.

The following information is mandatory for registration:

Full Name  
(first, middle, & last name)

Telephone Number:

Fax Number:

E-Mail Address (mandatory)

Firm Name (if applicable)

Current Mailing Address (include  
Suite #, City, State and Zip)

NOTE: Per Administrative Order No. 19-07, the use of the Court's Electronic Filing System is mandatory for all new EAJA filings. By submitting this registration form, the undersigned agrees to abide by all rules and all instructions posted on the Court's web site at [www.vetapp.gov](http://www.vetapp.gov) and the three items listed below:

1. This system is to be used to submit all new EAJA applications and subsequent responses to applications filed on or after November 27, 2007.
2. All filings must be submitted with an electronic signature and using the user name and login corresponding to the applicants signature on those filings.
3. The participant is certifying by submitting this form that the required training has been completed.

**Please electronically sign and return this form via e-mail to "efiling@vetapp.gov".**

**Your electronic signature must be what you intend to use for all future electronic documents.**

**Example: /s/ Typed Participant's Name**

Applicant's Signature:

Date Submitted: