

****INSTRUCTIONS****
Registration Form For All Filing Users



United States Court of Appeals for Veterans Claims
625 Indiana Ave., NW Suite 900
Washington, DC 20004
202-418-3453
Attn: Clerk of the Court
efiling@vetapp.gov

**CM/ECF ELECTRONIC FILING REGISTRATION FORM FOR
ALL FILING USERS**

This form is used to register for a valid user name and password that will allow all registrants to electronically file 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 registrant's electronic signature. This court recognizes the following format for electronic signature:

/s/ Typed Registrant's Name
Typed Registrant's Name

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

REMINDER: All Filing Users 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 FILING USERS

This form is used to register for a valid user name and password that will allow all Filing Users to electronically file on the Court's Electronic Case Filing System. The issued user name and password will allow the Filing User to electronically file and retrieve electronic docket sheets and documents that have been filed in the Court's CM/ECF System. NOTE: All Filing Users must have and maintain an e-mail address to receive Notices of Electronic Docket Activity (Interim Rule 1(a)(6)).

It is mandatory for all Filing Users 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 US Court of Appeals for Veterans Claims Miscellaneous Order No. 08-08, the use of the Court's Electronic Filing System is mandatory for all represented parties. 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/electronic_filing and the items listed below:

1. The CM/ECF system is to be used by all Filing Users to submit all documents except for case initiating documents (such as a Notice of Appeal or Petition for Extraordinary Relief) per Interim Rule 2(c).
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 (Interim Rule 10 and Interim Rule 1(a)(2)).
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.

See Interim Rule 1 (a)(2) for formatting

Applicant's Signature:

Date Submitted: