

Appendix 2
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO

ELECTRONIC FILING ATTORNEY REGISTRATION FORM

This form is used to register for an account on the United States District Court for the Northern District of Ohio Electronic Filing System (the system). Registered attorneys will have privileges to electronically submit documents and to view the electronic docket sheets and documents. Once your registration is complete, a user id and password will be sent to you via email. Please call the Electronic Filing Help Desk at 1-800-355-8498 with any questions.

PLEASE TYPE

Mr. Mrs. Ms.

First Name: _____ Middle Name: _____

Last Name: _____ If appropriate check one: Senior Junior II III IV

Highest state court admitted: _____ Bar ID Number: _____

Are you currently in good standing? Yes No

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you relocated to this address within the past year? Yes No

Voice Telephone Number: (_____) _____ Fax Number: (_____) _____

Internet Mail Address: _____

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Northern District of Ohio pursuant to LR 83.5 and LCrR 57.5.

Date admitted to practice in the U.S. District Court for the Northern District of Ohio: _____

If you are not admitted to practice in this court, please complete which applies:

- Attorney for the United States? Yes No
Date Applicant's Personal Statement & Oath submitted pursuant to LR 83.5(k) & LCrR 57.5(k): _____
- Date motion to be admitted pro hac vice *granted*: _____ in case number: _____
Pro hac vice admission fee receipt number: _____
- If Attorney of Record in an MDL action in this court indicate case number: _____

A PACER account is required to view documents on the system. For information regarding PACER call 1-800-676-6856 or visit the website at www.pacer.psc.uscourts.gov

I agree to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system and consent to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the document(s). Attorneys must protect the security of their password and immediately notify the Court if they learn that their password has been compromised by an unauthorized user.

Signature of Attorney _____ Date _____

Submit completed Registration Form to: Geri M. Smith, Clerk
United States District Court
Attention: Electronic Filing System Registration
801 West Superior Avenue
Cleveland, OH 44113-1830