



UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WISCONSIN

**CM/ECF REGISTRATION FORM**

**Pro Se Filer in CM/ECF**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The combination of user id and password serves as the signature of the filer pursuant to Fed. R. Civ. P. 11, the Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedure and the local rules of this court. Filers must protect the security of their passwords and immediately notify the office of the clerk of court if they learn that their password has been compromised. The undersigned also consents to receiving electronic notice of filings in accordance with the provisions of Fed. R. Civ. P. 5(b)(2)(D), Fed. R. Civ. P. 77(d), and Fed. R. Crim. P. 49(b).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed registration form to:

**United States District Court**  
Western District of Wisconsin  
Attention: ECF Registration - Room 320  
120 North Henry Street  
Madison, Wisconsin 53703

A password change email will be sent containing your account login ID and a link to allow you to set your password. This login and password will then let you file in CM/ECF. Contact the clerk's office at 608-264-5156 with any questions concerning registration or CM/ECF.

<b>COURT USE ONLY:</b>
Assigned Login: _____
<input type="checkbox"/> Confirmation e-mail with login sent
<input type="checkbox"/> E-mail address confirmed by filer
<input type="checkbox"/> CM/ECF Account created
<input type="checkbox"/> Password e-mailed to filer
Submitted Date: _____