

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON**

Petition for Conditional Admission to Practice Before the Bar of this Court

COMES NOW _____, a member in good standing of the bar of _____ and respectfully petitions the Court, pursuant to local Rule LR83.2(b)(2), for conditional admission to practice before the Bar of this Court as an employee of the United States Attorney or Federal Defender in this district. In support of said petition, petitioner states as follows:

1. Petitioner's residence address is

Petitioner is currently employed by the _____ (*United States Attorney or the Federal Defender*) in this district. Please insert particulars of employment, including title; agency/office address and phone number:

2. Petitioner's general and legal education have been as follows:
3. From the time of petitioner's admission to the bar of _____, on the date of _____, petitioner has been engaged in the practice of law at _____.
4. Petitioner submits herewith a verification by the U.S. Attorney or Federal Defender or one of this district's Assistant U.S. Attorneys or Assistant Federal Defenders as required by Local Rule LR83.2(b)(2).
5. Petitioner certifies that he/she has read and is familiar with the Federal Rules of Civil and Criminal Procedure and the Local Rules of this Court.

Wherefore, petitioner herein respectfully petitions that he/she be conditionally admitted to practice before the Bar of the United States District Court for the Eastern District of Washington.

Petitioner's Signature

State of
County of

, Petitioner herein, being first duly sworn, deposes and says that he/she has read the foregoing petition and that the facts stated therein are true to the best of his/her knowledge.

Petitioner's Signature

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public in and for the State of
Residing at
My Commission Expires:

VERIFICATION

I, the undersigned _____, hereby verify that I am _____ (*the U.S. Attorney, the Federal Defender, an Assistant U.S. Attorney, or an Assistant Federal Defender*) for the Eastern District of Washington. I verify that the petitioner is an Attorney employed by _____ (*the U.S. Attorney or the Federal Defender organization*).

DATED at _____ this _____ day of _____, 20 ____

Signature of
U.S. Attorney or Assistant U.S. Attorney or
Federal Defender or
Assistant Federal Defender

U.S. DISTRICT COURT • EASTERN DISTRICT OF WASHINGTON
Electronic Case Filing System Attorney Registration Form
(Please type or print legibly)

This form shall be used to register for an account on the Court's Case Management/Electronic Case Filing (CM/ECF) System. Registered attorneys will have privileges to electronically submit documents and to view electronic documents, as available, in the CM/ECF system.

The following information is required for registration:

First/Middle/Last Name: _____

Last Four Digits of Social Security Number: _____

Attorney Bar # and State: _____

Firm Name: _____

Firm Address: _____

Phone Number: _____ FAX Phone Number: _____

Internet Email Address: _____
(Attorney's email for electronic service)

Additional Email Address: _____
(Central Repository, Secretary, etc.)

Does your Email Software support HTML messages? Yes _____ No _____

I already have an ECF login that I use at another Court, which is _____.
Please assign the same login.

By submitting this registration form, the undersigned agrees to abide by the following:

1. The CM/ECF System is for filing and reviewing electronic documents and notices.
2. Beginning August, 2004, please contact the Clerk's Office at 509-458-3400 (Spokane), 509-573-6600 (Yakima) and 509-943-8170 (Richland) to schedule training.

3. Each attorney desiring to file pleadings or other papers electronically must complete and sign an Attorney Registration Form. An attorney's password issued by the Court combined with the user's identification (login), serves as and constitutes the attorney's signature. Therefore, an attorney must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised in any way, such as resignation or reassignment of the person with authority to use the password, it is the duty and responsibility of the attorney to immediately notify the Court.
4. The electronic filing of a petition, pleading, motion, or other paper by an attorney who is a registered participant in CM/ECF shall constitute the signature of that attorney under Fed.R.Civ.P. 11.
5. Registration as a Filing User constitutes: (1) consent to receive notice electronically and waiver of the right to receive notice by first class mail pursuant to Fed.R.Civ.P. 5(b)(2)(D); (2) consent to electronic service and waiver of the right to service by personal service or first class mail pursuant to Fed.R.Civ.P. 5(b)(2)(D), except with regard to service of a summons and complaint. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment. Notice by electronic means is complete as set forth in the Court's Administrative Procedures for Electronic Case Filing.
6. A user accesses case information via the Court's Internet site or through Public Access to Court Electronic Records (PACER) Service Center. Although the Court manages the procedures for electronic filing, all electronic public access to case file documents occurs through PACER. A PACER login is required in addition to the login and password issued by the Court. To register for PACER, a user must complete the online form or submit a registration form available on the PACER web site through a link on the Court's site or at <http://pacer.psc.uscourts.gov>.
7. By this registration, the undersigned agrees to abide by the Court's Local Rules and Administrative Procedures for Electronic Case Filing currently in effect and any changes or additions that may be made in the future.

Please return to: U.S. District Court
Attn: CM/ECF Registration
P.O. Box 1493
Spokane, WA 99210

Date

Attorney/Participant Signature

Your login and password will be emailed to you by the Office of the Clerk. If you prefer to have your login/password mailed, please write the address in the space provided below:

Alternate address: _____
