

DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST.THOMAS/STJOHN AND ST. CROIX

The District Court of the Virgin Islands, requires that an attorney certify that he/she has read all Local Rules and the ECF User Manual before the attorney is given a login and password to electronically file in this court.

Please fill out the information below and submit along with a signed CM/ECF Registration Form provided on the following page.

Please type or print:

Prior CM/ECF Filing Experience:

I, _____, hereby certify that I have previously filed using CM/ECF in the United States District/Bankruptcy (*circle one*) Court, for the District of _____.

Or, Prior CM/ECF Training Experience:

I, _____, hereby certify that I have attended CM/ECF training at the United States District/Bankruptcy (*circle one*) Court, for the District of _____ on or about the date of _____.

I certify that I understand how to use the CM/ECF system and that I have read all court rules and procedures regarding CM/ECF. I authorize the Clerk's Office to contact me by mail or email to inform me of my login and password.

Signature _____ **Date** _____ **VI Bar Number** _____

Please submit completed and signed forms to: **St. Thomas Division:** Clerk's Office, at Ron de Lugo Federal Bldg & Courthouse, 5500 Veteran's Drive, Room 310, St. Thomas, Virgin Islands 00802 or **St. Croix Division:** Almeric L. Christian Federal Bldg. & Courthouse, 3013 Est. Golden Rock, Christiansed, St. Croix, VI 00820

District Court of the Virgin Islands
ELECTRONIC CASE FILING SYSTEM
Attorney Registration Form

This form shall be used to register for an account on the District Court of the Virgin Islands. Electronic Filing System. Registered attorneys will have privileges to electronically submit documents and to view and retrieve electronic docket sheets and documents as available for cases assigned to the Electronic Filing systems. The following information is required for registration:

Please Type

First/Middle/Last Name: _____

Attorney Bar # and State: _____

Firm Name: _____

Firm Address: _____

Telephone Number: _____

FAX number: _____

E-Mail
Address: _____
(Attorney's email for electronic service)

Additional E-Mail Address: _____
(Secretary, central repository, etc.)

****Note: Attorneys seeking to file documents electronically must first be admitted to practice in the District Court of the Virgin Islands pursuant to LR83 or 83.1 Attorneys filing only in MDL cases are not required to be admitted to practice in this court.**

****By submitting this printed and signed form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to service by electronic means in the circumstances permitted under those rules, orders, policies and procedures. The undersigned agrees that the combination of user i.d. and password will serve as his or her signature for filing documents pursuant to Rule 11 of Federal Rules of Civil Procedure, the Federal Rules of Criminal Procedures and the Local Rules of this court. The undersigned agrees to protect the security of his or her password and immediately notify the Clerk of Court if he or she suspects the password has been compromised. The undersigned further agrees to promptly notify the Clerk if there is a change in his or her personal data, such as name, e-mail address, firm address, telephone number, etc.**

Date

Attorney/Participant Signature