

**United States District Court
for the Southern District of West Virginia**

Attorney Registration Form for E-mail Notification Only

I am an attorney appearing in U.S. District Court for the Southern District of West Virginia. I do not wish to apply for a login for the Electronic Case Filing system. I do, however, wish to receive e-mail notification of case activity by way of Notice of Electronic Filing in cases in which I am counsel.

By completing this authorization form, I hereby consent to accept service by e-mail notification of all documents (except summons and complaint, discovery materials and *Rule 26* disclosures) and waive my right to personal service or service by first class mail pursuant to F. R. Civ. P. 5(b)(2)(D).

Full Name : _____

Attorney Bar Number and State: _____

Last 4 digits of Social Security Number: _____

Firm Name: _____

Firm Mailing Address: _____

Firm Phone Number: _____ Firm FAX Number: _____

Internet E-mail Address: _____

Does your e-mail software support HTML messages? Yes No

I hereby authorize the Clerk for the U.S. District Court for the Southern District of West Virginia to add my e-mail address to all active cases for which I have met the visiting attorneys qualifications as set forth in the Local Rules of this Court.

Date _____

Attorney Signature

Return completed form to:

United States District Court
Southern District of West Virginia
ATTN: CM/ECF E-mail Authorization
300 Virginia Street, East, Room 2400
Charleston, WV 25301