

Please Print Legibly

First Name: _____

Last Name: _____

Address: _____

City _____, State _____ Zip Code _____

Primary E-mail Address: _____

Telephone Number: _____

I understand and agree to the following terms: (please initial each section)

_____ 1. I am a party to the confidential matrimonial matter; and the issuance of a “view-only” E-Filing User ID is solely for the purpose to view my case.

_____ 2. I have provided true and accurate information and understand that providing any false information on this form may result in a revocation of my E-Filing User ID.

_____ 3. I am aware, upon a change of the attorney representing me, I will be required to submit a “new” registration form for viewing-access. I am also aware, if I am no longer represented by an attorney and will instead be representing myself, I will be required to submit a registration form for access as an Unrepresented User.

_____ 4. I agree to protect and secure the confidentiality of my E-Filing User ID and password. If I have reason to believe that my E-Filing User ID or password has been compromised, I agree to notify the NYSCEF Resource Center immediately by e-mail at NYSCEF@nycourts.gov. If I need to update/change the Primary E-mail Address, I will do so on the NYSCEF site.

Note: Applicants must have signature notarized

Name: _____
Print

Signature

Date: _____

Notary:
State of: _____
County of: _____

Sworn and subscribed before me this _____ Day of _____, _____, by

(Notary Name Here)

Notary Public Commission Exp. _____

Please return completed registration form (2 pages) to: nyscef@nycourts.gov (preferred method of submission), or by fax: (212) 401-9146

To complete the registration process, please return the signed application/registration form, (2 pages), to the E-filing Resource Center at nyscef@nycourts.gov or fax to (212) 401-9146.