

**STATE OF NEW YORK – COURT OF CLAIMS**

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Claimant(s),

Claim No. \_\_\_\_\_

- against -

CONSENT TO E-FILING

Defendant(s).

-----x

I, \_\_\_\_\_, am [ ] an attorney in good standing representing a party in the above-captioned action, [ ] an attorney admitted pro hac vice representing a party in this matter, or [ ] a self-represented party in this matter, and hereby consent to the use of the New York State Courts Electronic Filing System (“NYSCEF”) in this case. I agree to be bound by the regulations governing the NYSCEF System (22 NYCRR §§ 202.5-b, 206.5 and 206.5-aa) and the procedures of the NYSCEF system as reflected in the *User’s Manual* approved by the Chief Administrator of the Courts and posted on the NYSCEF website.

If, as indicated below, I am not currently an authorized e-filing user in the NYSCEF System, I understand that I must first obtain a user ID and password before I may file any documents with NYSCEF and that I may do so by accessing the Create an Account button on the NYSCEF Login screen (<https://iapps.courts.state.ny.us/nyscef/Login>). I also understand that once I receive these credentials, my primary e-mail address, listed below, will be used for service of documents.

Dated: \_\_\_\_\_

Registered User: [ ] Yes [ ] No

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Firm Name \_\_\_\_\_

Party(s) Represented

Address \_\_\_\_\_

UCS Attorney Registration #

Phone Number

\_\_\_\_\_

E-Mail \_\_\_\_\_  
(Primary – to be used for service)

2<sup>nd</sup> E-Mail \_\_\_\_\_  
(Optional)

3<sup>rd</sup> E-Mail \_\_\_\_\_  
(Optional)