



**Non-Attorneys Representing Themselves (Unrepresented Litigants) /  
Filing Agent / Pro Hac Vice  
“NYSCEF” Account Registration Form  
for Existing Cases**

**Expedited Processing:** An E-Filing account will normally be issued in 24-48 hours. If you are operating under time constraints, type “**Expedite**” in the field at the top of the page.

I, \_\_\_\_\_, am:  
(print full name)

**1. Choose option a, b, or c below:**

- a. not an attorney and I am a party to the case set forth below.
- b. a member in good standing of the Bar in a jurisdiction outside the State of New York, and I have been admitted pro hac vice in the case set forth below and I have attached the order of admission to this application.

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If you have selected option (a) or (b) above, you **MUST** enter the case information into the fields below.

Index/File/Claim Number: \_\_\_\_\_

Court: \_\_\_\_\_

Caption: \_\_\_\_\_  
Plaintiff/Petitioner

- against -

\_\_\_\_\_  
Defendant/Respondent

- 
- c. a person seeking to use NYSCEF as an authorized agent (“filing agent”) for attorney(s) of record in a case or cases.
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**NOTE: Non-attorney applicants MUST have their signature on Page 3 notarized.\***

**2. I understand and agree that:**

- a. The Primary E-Mail Address below is the address at which service of documents after commencement may be made through NYSCEF upon the Account Holder or parties represented by the Account Holder.
- b. If I am not an attorney and am representing myself, I understand the NYSCEF Resource Center must first verify with the court that I am a party to the action before an ID will be issued.

**All pages of this signed application must be returned to the E-filing Resource Center at [nyscef@nycourts.gov](mailto:nyscef@nycourts.gov) or (212) 401-9146 (fax) in order to complete the registration process.**

**3. I am providing the following information as required to register as a NYSCEF Account Holder and to obtain my User ID and Password.**

First Name \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Additional Email Addresses** (Optional, up to three addresses):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**4. I understand and agree to the following:**

- a. I will adhere to the rules governing Electronic Filing in the Uniform Rules for New York State Trial Courts and any protocols issued by participating courts.

**Non-Attorneys Representing Themselves (Unrepresented Litigants) or Attorneys Admitted Pro Hac Vice**

- A I understand that each use of my Account for filing documents with NYSCEF constitutes my signature on the document being submitted for meeting the requirements of Part 130 of the Rules of the Chief Administrator and all rules governing NYSCEF.

**Filing Agents**

- A I will file documents only on behalf of attorneys who have authorized me to file the documents pursuant to a Statement of Authorization form as permitted in the e-filing rules.
- b. I understand that providing any false information on this form may result in a revocation of my Account Holder status.
- c. I will protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, I will notify the NYSCEF Resource Center immediately by e-mail at [efile@nycourts.gov](mailto:efile@nycourts.gov). If I am an attorney, I will also inform the court and the Resource Center immediately of any change in my employment affiliation.
- d. If I need to modify my Primary E-Mail Address, I shall immediately email the Resource Center a completed Change of Primary email address form to [nyscef@nycourts.gov](mailto:nyscef@nycourts.gov).

I acknowledge that I have read, understand and agree to the terms as stated on this registration form and have provided accurate information: (Please print name, sign and date)

**Note: Non-attorney applicants must have signature notarized.\***

Name: \_\_\_\_\_  
Print Signature

Date: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number (optional): \_\_\_\_\_

**\*(For non-attorneys only)**

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Please return completed registration form (3 pages) to:**

E-Mail: [nyscef@nycourts.gov](mailto:nyscef@nycourts.gov) (Preferred Method of Submission)

Fax:(212) 401-9146