

# **\*\*INSTRUCTIONS\*\***

## **E-Filing Registration Form For Representatives**



United States Court of Appeals for Veterans Claims  
625 Indiana Ave., NW Suite 900  
Washington, DC 20004  
202-418-HELP (3453)  
Attn: Clerk of the Court  
[efiling@uscourts.cavc.gov](mailto:efiling@uscourts.cavc.gov)

### **CM/ECF E-FILING REGISTRATION FORM FOR REPRESENTATIVES**

This form is used to register for a valid user name and password that will allow registrants to electronically file on the Court's Electronic Case Filing System.

The form must be saved as a PDF file, filled out, and then submitted via e-mail to:  
[efiling@uscourts.cavc.gov](mailto:efiling@uscourts.cavc.gov)

All form fields are mandatory and must include the registrant's electronic signature.

This court recognizes the following format for electronic signature:  
/s/ Typed Registrant's Name

**NOTE:** Each registrant must complete the training before submitting this form. By submitting the form, the registrant is certifying that the training has been completed as required.

**REMINDER:** All CM/ECF Users must keep their email address updated with the Court to receive electronic docket notices (service).



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## **CM/ECF EFILING REGISTRATION FORM FOR REPRESENTATIVES**

This form is used to register for a valid user name and password that will allow all Filing Users to electronically file on the Court's Electronic Case Filing System. The issued user name and password will allow the Filing User to electronically file and retrieve electronic docket sheets and documents that have been filed in the Court's CM/ECF System.

**NOTE:** All CM/ECF Users must have and maintain an e-mail address to receive Notices of Electronic Docket Activity (Rule 1(a)(6)).

It is mandatory for all CM/ECF Users to complete the Court's posted training modules before submitting this form.

The following information is mandatory for registration:

Full Name:  
(First, Middle, Last)

Telephone Number:

Fax Number:

Email Address:  
(mandatory):

Firm Name:  
(if applicable)

Current Mailing Address:  
(include Suite #, City, State & Zip)

**NOTE:** Per US Court of Appeals for Veterans Claims Miscellaneous Order No. 08-08, the use of the Court's Electronic Filing System is mandatory for all represented parties. By submitting this registration form, the undersigned agrees to abide by all rules and all instructions posted on the Court's web site at [www.uscourts.cavc.gov/electronic\\_filing](http://www.uscourts.cavc.gov/electronic_filing) and the items listed below:

1. The CM/ECF system is to be used by all CM/ECF Users to submit all documents except for case initiating documents (such as a Notice of Appeal or Petition for Extraordinary Relief) per E-Rule 2(c).
2. All filings must be submitted with an electronic signature and using the user name and login corresponding to the applicants signature on those filings (E-Rule 10 and E-Rule 1(a)(2)).
3. The participant is certifying by submitting this form that the required training has been completed.

**Please electronically sign and return this form via email to [efiling@uscourts.cavc.gov](mailto:efiling@uscourts.cavc.gov).  
Your electronic signature must be what you intend to use for all future electronic documents.  
See E-Rule 1(a)(2) for formatting**

Applicant's Signature:

Date Submitted: