

UNITED STATES DISTRICT COURT  
DISTRICT OF HAWAII



Completion of this form registers an attorney for Electronic Filing and service of pleadings by email. If you plan on attending training (for "Full Participation" in the court's CM/ECF system), please make sure you have read through the Skills Checklist and have answered all the questions. Please note that case queries require a PACER account. You can register for a PACER account at <http://pacer.psc.uscourts.gov>.

Attorneys may choose limited or full participation in the court's CM/ECF system. Those choosing "Limited Participation" will not be able to file documents electronically and will not be issued a login or password to the court's database.

Attorneys requesting to file documents electronically must be admitted to practice in the United States Courts, District of Hawaii pursuant to Local Rule 83.1 or otherwise be eligible to practice (attorneys for the United States and Federal Defender Organization).

**Type of Participation**  
(Please check on box)

Full participation. (Court sponsored training required) Register for training: [trainer\\_cmecf@hid.uscourts.gov](mailto:trainer_cmecf@hid.uscourts.gov)  
**Filing documents electronically/Receiving e-mail notification.** I am signed up for the following class: \_\_\_\_\_

Full participation. I am requesting a waiver of the required ECF training. I am a registered user of CM-ECF in the following Bankruptcy and/or District Court(s): \_\_\_\_\_

**Filing documents electronically/Receiving e-mail notification.**

Limited participation.  
**Receiving e-mail notification of pleadings filed only - will not be filing documents electronically.**

Name: \_\_\_\_\_ Bar ID and State: \_\_\_\_\_

Firm/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Primary E-mail address for service and notice: \_\_\_\_\_

PLEASE READ AND SIGN THE FOLLOWING PAGE

By signing and submitting this registration form, I agree to the following.

1. I will abide by all orders, rules, and administrative procedures governing the use of my login and password and the electronic filing of documents in the CM/ECF system of the United States District Court for the District of Hawaii.
2. Use of my ECF User login and password constitutes my signature on an electronically filed document for all purposes and shall have the same force and effect as if I had affixed my signature on a paper copy of the document being filed (full participation registrants only).
3. I may authorize one or more employees or office staff members to use my login and password for the electronic filing of a document. However, such use constitutes my signature on the electronically filed document. I will not knowingly permit use of my login and password by anyone not so authorized, I shall take steps to prevent such unauthorized use, and I shall be fully responsible for all use of the login and password whether authorized or unauthorized. If authorization to use a login and password is withdrawn (e.g., when a staff member leaves employment) or if unauthorized use of a login and password is suspected, I shall select and activate a new password for use in the ECF system. I also shall immediately notify the court upon learning of any unauthorized use. I understand that failure to change the password and notify the court may result in sanctions (full participation registrants only).
4. This registration constitutes my waiver of service of a paper copy of a notice and a request in writing that, instead of notice by mail, notice be sent to me by electronic transmission through the court's CM/ECF system. This also constitutes my consent in writing to accept service of documents by e-mail through the CM/ECF system. I will maintain an active e-mail account for notice and service by electronic transmission, and will keep such e-mail account information current in my ECF User account.
5. I will promptly submit payment of any fees required for the filing of a document in accordance with payment procedures established under the CM/ECF administrative procedures.

Signature: \_\_\_\_\_

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

*Submit to:* Clerk - ECF Registration  
United States District Court  
District of Hawaii  
300 Ala Moana Blvd C-338  
Honolulu, HI 96850

*Fax to:* (808)541-1303