

**NEW YORK STATE UNIFIED COURT SYSTEM
USER REGISTRATION FORM**

1. I, _____, am employed with:

_____ Court County Clerk's Office

in the County of _____ as:

- | | | |
|---|--|---|
| <input type="checkbox"/> Justice | <input type="checkbox"/> Supreme Court Clerk | <input type="checkbox"/> Surrogate |
| <input type="checkbox"/> Law Clerk to Justice | <input type="checkbox"/> Court Attorney | <input type="checkbox"/> Surrogate Court Staff |
| <input type="checkbox"/> Special Referee | <input type="checkbox"/> Supreme Court Staff | <input type="checkbox"/> Law Clerk to Surrogate |
| <input type="checkbox"/> Court Clerk | <input type="checkbox"/> County Clerk Staff | <input type="checkbox"/> Court of Claims Staff |
| <input type="checkbox"/> EDDS User | | |

2. I am providing the following information as a condition of being registered as a Filing User of the NYSCEF Live System and of receiving my password:

Name: _____ Title: _____

County: _____

Court: _____

Internet E-Mail Address: _____

3. I understand and agree to the following:

- a. I will adhere to the laws and regulations governing the NYSCEF System.
- b. I will employ the NYSCEF System only in connection with my employment in the Unified Court System.
- c. I agree to protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, I agree to immediately notify the NYSCEF Resource Center by sending an e-mail to nyscef@nycourts.gov. I also agree to immediately inform the court and the NYSCEF Resource Center of any change in my employment affiliation.

Date: _____

Signature

Print or Type Name

Court

Address

City, State, Zip Code

Telephone Number

Fax Number

Please return to:

NYSCEF Resource Center:

nyscef@nycourts.gov or Fax: (212) 401-9146