

New Registration – Represented Party – Matrimonial Matter View Only – Non-Attorney

NYSCEF

VIEW-ONLY USER REGISTRATION AFFIDAVIT FOR REPRESENTED PARTY IN MATRIMONIAL MATTER

State of	New York)					
County) ss.: of)					
1.	l,	, am the (Plaintiff, Defendant), and a party to				
	My attorney's information	et forth below. I am currently represented by an attorney. n:				
	Firm Name (if applicable):					
	I am applying for access to view my case via the New York State Courts Electronic Filing System (NYSCEF). I further understand that this access will not enable me to submit any documents electronically to the matter and that only my attorney will continue to have access to e-file documents to my case in NYSCEF.					
2.	I am providing, as a party to this action, the following information as a condition to being registered as an authorized E-Filing User — with "view-only" permissions - to view my confidential matrimonial case in NYSCEF and to obtain my "view-only" User ID and password to be used by me.					
Caption:		Plaintiff.				
		-against-				
		Defendant.				
	Court:					
						
	Index Number:					

To complete the registration process, please return the signed application/registration form, (2 pages), to the E-filing Resource Center at nyscef@nycourts.gov or fax to (212) 401-9146.

<u>Please Print Legibly</u>				
First Name:				
Last Name:				
Address:				
	City	State	 Zip Code	
Drimary E mail Addrass	City	, state		
Primary E-mail Address:				
Telephone Number:				
I understand and agree to the following	g terms: (plea	se initial each s	ection)	
1. I am a party to	the confident	tial matrimonia	I matter; and the issuance of a "vie	w
only" E-Filing User ID is solely for the p				
2. I have provide	d true and acc	urate informati	on and understand that providing	
any false information on this form may				
3. I am aware, up submit a "new" registration form for vi an attorney and will instead be represented user.	iewing-access.	I am also awa		,
4. I agree to protopassword. If I have reason to believe the agree to notify the NYSCEF Resource Coupdate/change the Primary E-mail Add	hat my E-Filinខ្ enter immedia	g User ID or pas ately by e-mail	at NYSCEF@nycourts.gov. If I need	to
Note: Applica	ants must h	nave signatu	<u>ıre notarized</u>	
Name: Print		 Sign	nature	
Date:				
Notary: State of:				
County of:				
Sworn and subscribed before me this _	Day of _		, by	
(Notary Name Here) Notary Public Commission Exp			·	
Please return completed registration form (2 pa or by fax: (212) 401-9146	ages) to: <u>nyscef@</u>	nycourts.gov (pref	erred method of submission),	

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