

STATE OF NEW YORK – COURT OF CLAIMS

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Claimant(s),

Claim No. _____

- against -

STIPULATION AND
CONSENT TO E-FILING

Defendant(s).

-----x

We the undersigned, counsel in good standing representing parties in this matter, counsel admitted pro hac vice, and/or a self-represented party in this matter, hereby stipulate and consent to the use of the New York State Courts Electronic Filing System (“NYSCEF”) in this case. We agree to be bound by the regulations governing the NYSCEF System (NYCRR §§ 202.5-b, 206.5, and 206.5-aa) and the procedures of the NYSCEF System as reflected in the *User’s Manual* approved by the Chief Administrator of the Courts and posted on the NYSCEF website.

Any of the undersigned who indicate below that they are not currently an authorized e-filing user in the NYSCEF System understand that they must first obtain a user ID and password before they may file any documents with NYSCEF and that they may do so by accessing the Create an Account button on the NYSCEF Login screen (<https://iapps.courts.state.ny.us/nyscef/Login>). They also understand that once they receive their credentials, their primary e-mail addresses, listed below, will be used for service of documents.

Dated: _____

Registered User: Yes No
Attorney Pro Hac Pro Se

Registered User: Yes No
Attorney Pro Hac Pro Se

Attorney for (Identify party or parties)

Attorney for (Identify party or parties)

UCS Attorney Registration #

UCS Attorney Registration #

Firm Name

Firm Name

_____ Address

_____ Address

_____ Phone #

_____ Phone #

_____ E-Mail
(Primary)

_____ E-Mail
(Primary)

_____ 2nd E-Mail
(Optional)

_____ 2nd E-Mail
(Optional)

_____ 3rd E-Mail
(Optional)

_____ 3rd E-Mail
(Optional)

Registered User: [] Yes [] No
Attorney [] Pro Hac [] Pro Se []

Registered User: [] Yes [] No
Attorney [] Pro Hac [] Pro Se []

Attorney for (Identify party or parties)

Attorney for (Identify party or parties)

UCS Attorney Registration #

UCS Attorney Registration #

_____ Firm Name

_____ Firm Name

_____ Address

_____ Address

_____ Phone #

_____ Phone #

_____ E-Mail
(Primary)

_____ E-Mail
(Primary)

_____ 2nd E-Mail
(Optional)

_____ 2nd E-Mail
(Optional)

_____ 3rd E-Mail
(Optional)

_____ 3rd E-Mail
(Optional)