

United States District Court for the Southern District of Texas  
Attorney Registration Form for District Electronic Filing  
(Please print or type)

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

First/ Middle/ Last name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_ Licensing State: \_\_\_\_\_

Admitted to Practice in the Southern District of Texas:  Yes or  Pro Hac Vice

Firm: \_\_\_\_\_

Street and Suite: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

E-mail for electronic service: \_\_\_\_\_

If you have already attended ECF training or are registered for ECF in another U. S.  
Bankruptcy or District Court, give us the court and district:

By submitting this form, I agree to abide by these rules:

1. I will maintain familiarity with the technical and procedural requirements as they are adopted by the court.
2. Use of my login and password constitutes my signature on documents filed electronically for purposes of the Federal Rules of Civil Procedure and the Federal Rules of Criminal Procedure.
3. I am responsible for all use of my login and password, authorized or not.
4. By registering, I consent to electronic service of documents and notices through the court's Electronic Filing System and waive service by other means.

Applicant's Signature: \_\_\_\_\_

**Print, sign, scan, then e-mail this form  
in PDF format to :**

**Houston-Atty-Adm@txs.uscourts.gov**

Court Use Only: The state bar reports that the applicant's status is: \_\_\_\_\_ .

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Deputy Clerk