## UNITED STATES DISTRICT COURT District of New Mexico

## CM/ECF PRO SE NOTIFICATION FORM

Case Management/Electronic Case Files

This form is used to elect the type of notification of filing to be received from the Court's Case Management/Electronic Case File (CM/ECF) system. Please select only **ONE** type of notification and complete the necessary information.

	PLEASE TYPE Please enter part		
Case Number:	1:12-cv-01298-MV-LFG		
First/Middle/Last Name:	Sandra Le	e SimMor	nfoya
Contact Phone Number:		_	(Include Area Code)
Complete the fol	lowing information for either	a P.O. Box or physical ac	ddress, not both.
Address:	P. O. BOX 1107		
City/State/Zip:	Magdaleng, 41 M 87825-1107		
Pl	ease choose the method of no	otification (select only on	e)
	ification via postal mail ve, either a P.O. Box or physical add	ress.)	
O I elect to receive notification (Complete the following inform	fication via E-Mail **		
E-Mail Address:			
O I elect to receive notification (Complete the following inform	fication via Fax ** nation. Failures due to invalid or bus	fax numbers will be delivered	via postal mail to the address above)
FAX Number:			(Include Area Code)
**For Fax or E-mail, by sub of filings pursuant to Fed. R failures, of either the fax nu the case and subsequent not	t. Civ. P. 5(b) and 77(d) via mber or e-mail address, wi	the Court's electronic ll result in the informat	filing system. Repeated
Signature /		Date	
Submission: You may submi  Ma	t this completed AND signed all	form via one the following	E-Mail
United States District Court ATTN: CM/ECF Notifications 333 Lomas Blvd NW, Suite 270 Albuquerque, NM, 87102		505-348-2028	cmecf@nmcourt.fed.us  (Scan to PDF file format)
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Note: Questions regarding this form may be directed to our CM/ECF Help Desk at (505) 348-2075 or via email (at the above email address).



## FRATERNAL ORDER OF POLICE

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