## 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	or PRINT	
Please enter party i	nformation	
Case Number: 12CV 1298	12CV 1298 MV/LFG	
First/Middle/Last Name: JOE Doroth	₹	messa
Contact Phone Number: 505-786-611	1 or 505-7	86-5/60 - Messa (Include Area Code)
Complete the following information for either a		
Address: P.O.BOX 1577	P.O. BOX 1577	
City/State/Zip: Crownpoint,	N.M. 87	313
Please choose the method of noti	fication (select only one	e)
I elect to receive notification via postal mail (Using the address entered above, either a P.O. Box or physical address	s.)	
O I elect to receive notification via E-Mail ** (Complete the following information)		
E-Mail Address:		
O I elect to receive notification via Fax ** (Complete the following information. Failures due to invalid or busy for	ix numbers will be delivered v	ria postal mail to the address above)
FAX Number:	(Include Area Code)	
s*For Fax or E-mail, by submitting this notification form of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) via the failures, of either the fax number or e-mail address, will he case and subsequent notifications will be delivered via the case and subsequent notifications.	ne Court's electronic to result in the informato a postal mail.	filing system. Repeated
ubmission: You may submit this completed AND signed for Mail	m via one the following  Fax	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
Note: Questions regarding this form may be directed to our CN	A/ECE U-l- Dl- //50	(Scan to PDF file format)

CM/ECF Pro Se Notification Form

the above email address).



P.O. 160X 1577

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