

**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 information	
Case Number:	1:12-cv-01298-MV-LFG
First/Middle/Last Name:	Darlene Marie Platero
Contact Phone Number:	801-347-3378 <small>(Include Area Code)</small>
Complete the following information for either a P.O. Box or physical address, not both.	
Address:	281 Crestone Ave #1
City/State/Zip:	So. Salt Lake City, Utah 84115
Please choose the method of notification (select only one)	
<input checked="" type="radio"/>	I elect to receive notification via postal mail <small>(Using the address entered above, either a P.O. Box or physical address.)</small>
<input type="radio"/>	I elect to receive notification via E-Mail ** <small>(Complete the following information)</small>
E-Mail Address:	
<input type="radio"/>	I elect to receive notification via Fax ** <small>(Complete the following information. Failures due to invalid or busy fax numbers will be delivered via postal mail to the address above)</small>
FAX Number:	<small>(Include Area Code)</small>

****For Fax or E-mail, by submitting this notification form, the undersigned consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) via the Court's electronic filing system. Repeated failures, of either the fax number or e-mail address, will result in the information being removed from the case and subsequent notifications will be delivered via postal mail.**

Darlene Platero
Signature

9-6-13
Date

Submission: You may submit this completed AND signed form via one the following:

Mail	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 (Scan to PDF file format)

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).

FAX COVER SHEET

THIS GOES ON TOP OF YOUR PAPERS TO BE FAXED.

To protect your confidentiality, please
DO NOT write your case number or Social Security number
on this page.

YOUR CASE NUMBER MUST BE WRITTEN ON ALL PAGES
EXCEPT THIS ONE!

Date: 9-9-13

FIRST name only: Daklene

TOTAL number of pages, INCLUDING this page: 2