

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 party	or PRINT information	
Case Number:	1:12-cv-01298-MV-LFG		
	1112-CV-01298	3-NV-Line	
First/Middle/Last Name:	Marilena Bob	····	
Contact Phone Number:	(505) 567-4	912	(Include Area Code)
Complete the fol	llowing information for either	a P.O. Box or physical ad	ldress, not both.
Address:	P.O BOX 2485	,	
	Gallup ; New 1	Mexico 873	305
City/State/Zip:	Gallup, New	Mexico 8	7305
Pl	ease choose the method of no	tification (select only one	
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~	it this completed AND signed f	orm via one the following	:
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United States District Court ATTN: CM/ECF Notification 333 Lomas Blvd NW, Suite 2	35	505-348-2028	cmecf@nnicourt.fed.us
Albuquerque, NM, 87102 Note: Questions regarding this form may be directed to our C		Duranti b t 1	(Scan to PDF file format)
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