

## UNITED STATES DISTRICT COURT District of New Mexico

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CM/ECF PRO SE NOTIFICATION FORM
Case Management/Electronic Case Files

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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 TYP	E or PRINT	
	Please enter part		
Case Number:	1:12-CV-01298-MV-LFG		
First/Middle/Last Name	Ramona	Pinto	
Contact Phone Number:	505 593	3075	(Include Area Code)
Complete the fe	ollowing information for either	r a P.O. Box or physical	address, not both.
Address:	HC58 Box	MO UN	14 181
City/State/Zip:	Ganado,	42 86	505-
P	lease choose the method of n	otification (select only o	ne)
	tification via postal mail ove, either a P.O. Box or physical edd	fress.)	
O I elect to receive not (Complete the following infor	tification via E-Mail ** mation)		
E-Mail Address:			***************************************
o I elect to receive not (Complete the following infor	tification via Fax **	y fax numbers will be delivered	l via postal mail to the address above)
FAX Number:			(Include Area Code)
failures, of either the fax m	bmitting this notification for R. Civ. P. 5(b) and 77(d) via umber or e-mail address, witifications will be delivered	the Court's electronic ill result in the informa via postal mail.	filing tystem. Renegted
Signature		Date	,
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