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-1FG			
First/Middle/Last Name:		Nora Y J	Joe.		
Contact Phone Number:		505-567-40	478	(Include Area Code)	
	Complete the fol	owing information for either a P.O. Box or physical address, not both.			
Address:		PO. Box 140			
City/State/Zip:		Rehoboth, NM 87322			
Please choose the method of notification (select only one))	
×	I elect to receive notification via postal mail (Using the address entered above, either a P.O. Box or physical address.)				
0		ect to receive notification via E-Mail ** nplete the following information)			
E-Mail Address:					
0	I elect to receive notification via Fax ** (Complete the following information. Failures due to invalid or busy fax numbers will be delivered via postal mail to the address above)				
FAX Number:			(Include Area Code)		
of fil failu the c	ings pursuant to Fed. R res, of either the fax nu	mitting this notification fo . Civ. P. 5(b) and 77(d) via mber or e-mail address, wi ifications will be delivered	the Court's electronic fi Il result in the informati via postal mail.	ling system. Repeated	
Signa	Signature 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			505-348-2028	cmecf@nmcourt.fed.us	

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).

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Albuquerque, NM, 87102

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