## 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 I YPE	of PRINT	
	Please enter party	information	
Case Number:	1:12 -CV- 61298 -MV-LFG		
First/Middle/Last Name:	Carol A. Bither - 1 Beverly D. Gon		agih
Contact Phone Number:	505-870-6690		(înclude Area Code)
Complete the fo	llowing information for either		ddress, not both.
Address:	1221 Country	Club DR.	
City/State/Zip:	Gallup. nm		
Pi	ease choose the method of no	tification (select only or	16)
O I elect to receive not (Using the address entered abo	ification via postal mail ve, either a P.O. Box or physical addri	ess.)	
I elect to receive not     (Complete the following inform	ification via E-Mail ** nation)		
E-Mail Address:	crafted by roni @	yahoo. com	
O I elect to receive not (Complete the following inform	ification via Fax ** nation. Failures due to invalid or busy	fax numbers will be delivered	via postal mail to the address above)
FAX Number:			(Include Area Code)
of filings pursuant to Fed. F failures, of either the fax nu	bmitting this notification for R. Civ. P. 5(b) and 77(d) via imber or e-mail address, will difications will be delivered to	the Court's electronic I result in the informa via postal mail.	filing system. Repeated
Signature (	7	Date	
S <b>ubmission: You ma</b> v submi	t this completed AND signed for	onn via one the followin	g:
a priming the first term		Fax	E-Mail
United States District Court ATTN: CM/ECF Notification 333 Lomas Blvd NW, Suite 2' Albuquerque, NM, 87102		505-348-2028	cmecf@nmcourt.fed.us (Scan to PDF file format)
	form may be directed to our C	M/ECF Help Desk at (5)	

the above email address).

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