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	information	
Case Number:	12cu 1298	MV/LEG	
First/Middle/Last Name:	Elsie E.	Thomas	
Contact Phone Number:	505 - 783 -	4694(01) 87	957164 (Include Area Code)
Complete the fo	lowing information for elther		
Address:	P.O. BOX 278	3	
City/State/Zip:	Gallup, NM	81305	
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I elect to receive not (Using the address entered abo	ification via postal mail ve, either a P.O. Box or physical add	resa.)	
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Signature	<u> </u>	Date	
Submission: You may submi	t this completed AND signed t	form via one the followin	œ:
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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)
Note: Questions regarding this	form may be directed to our (CM/ECF Help Desk at (5	05) 348-2075 or via email (at

the above email address).