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.

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	Please enter par	ty information	
Case Number:	1:12-ev-0	1298-mV-	LFF
First/Middle/Last Name:		SUSAL NET	
Contact Phone Number:	505 -264		(Include Area Cod
Complete the foll	owing information for eithe	r a P.O. Box or physical ac	
Address:			
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	PLACITAS	1, rm 8-	7043
Ples	ase choose the method of n	otification (select only one	
I elect to receive notif	ication via postal mail , either a P.O. Box or physical add		<u> </u>
O I elect to receive notif (Complete the following informa	ication via E-Mail **		
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*For Fax or E-mail, by subn f filings pursuant to Fed. R. nilures, of either the fax num ne case and subsequent notif Postric Mail	Civ. P. 5(b) and 77(d) via aber or e-mail address, wi	the Court's electronic fi Il result in the informati	iling system Renegted
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limission: You may submit the	his completed AND signed f	form via one the following:	
Mail Mail		Fax.	E-Mail
nited States District Court TTN: CM/ECF Notifications 33 Lomas Blvd NW, Suite 270		505-348-2028	cmeef@nmcourt.fed.us
Ibuquerque, NM, 87102			(Scan to PDF file format)
ote: Questions regarding this for eabove email address).	rm may be directed to our C	M/ECF Help Desk at (505)	(Scan to PDF file forma) 348-2075 or via email (

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