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 TYPI	E or PRINT	
	OPENING TO SERVICE TO	Please enter part	y information	110
Case Number:		12CV01298-MV/LFG		
First/Middle/Last Name:		plin Thomas		
Contact Phone Number:		505 - 488 - 88 05 (Include Area Code)		
	Complete the fol	lowing information for either	a P.O. Box or physical ac	ldress, not both.
Address:		PO BOX 90		
		Gamerco, NM 87317		
Cit	y/State/Zip:	•		
Please choose the method of notification (select only one)				
0	I elect to receive notification via postal mail (Using the address entered above, either a P.O. Box or physical address.)			
0	I elect to receive notification via E-Mail ** (Complete the following information)			
E-Mail Address:				
0	O 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:			N. 14	(Include Area Code)
of fi failu the	lings pursuant to Fed. R cres, of either the fax nu	omitting this notification for all the control of t	the Court's electronic till result in the informat via postal mail.	filing system. Repeated
Subi		this completed AND signed		
	M:	vil	Fax	E-Mail
United States District Court ATTN: CM/ECF Notification 333 Lomas Blvd NW, Suite 2			505-348-2028	cmeef@nmcourt.fed.us
Alb	uquerque, NM, 87102			(Scan to PDF file format)
Note	: Questions regarding this	form may be directed to our	CM/ECF Help Desk at (50	3) 348-2073 or via email (at

CMECF Pro Se Notification Form
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the above email address).