



**U.S. DISTRICT COURT / U.S. BANKRUPTCY COURT
DISTRICT OF UTAH
ATTORNEY REGISTRATION FORM 2019 - 2020**



Name: _____ **Bar ID:** _____
Office: _____ **Telephone:** _____
Address: _____
City, State Zip: _____
Email Address(es): _____

1. Enter the information above. Call (801) 524-6112 if you have questions.

2. **Pay one of two ways:**

By Mail:

Complete this form with your **original signature** and mail it with credit card information or a check made payable to "**District Court Bar Fund**" by July 1, 2019, to:

**US District Court
351 S. West Temple, Rm. 1.100
Salt Lake City, UT 84101**

OR Online:

If you have a CMECF login, you may pay online:

- a. Login at <https://ecf.utd.uscourts.gov> (with your PACER e-filing login)
 - b. From the blue bar in CM/ECF, click Civil, Attorney Annual Dues
 - c. You will be prompted to pay your fees online through pay.gov.
 - d. Continue the prompts ALL the way through, until you see the final Notice of Electronic Filing (NEF) screen. You will receive an email confirmation the following day.
 - e. If you pay online, please retain this form for your records.
- (Note: Attorneys employed with a Federal agency may not pay online.)

PAYMENT MUST BE RECEIVED OR POSTMARKED BY JULY 1, 2019, TO RETAIN ACTIVE STATUS

Please check desired Federal Bar membership status:

_____ **Active**..... \$30.00 (by 7/1/19) **(\$45.00 after 7/1/19)**
_____ **Active** No Fee* * No fee required if admitted after July 1, 2018.
_____ **Inactive** No Fee

Pursuant to DUCivR 83-1.2, I hereby register as a member of the Bar of the U.S. District Court and the U.S. Bankruptcy Court for the District of Utah for July 1, 2019 - June 30, 2020. If selecting Active, I certify that:

1. I am a member in good standing of the Bar of this Court and an active member of the Utah State Bar,
2. I have read and am familiar with the [Rules of Practice](#) of this court.
3. I acknowledge that the court has mandated electronic filing for all active members of its bar and will comply accordingly.

Signature

Date

CREDIT CARD INFORMATION

Type of Card:

___ Visa ___ American Express
___ MasterCard ___ Diners Club
___ Discover

Name on Card: _____

Authorizing Signature: _____

Credit Card Nbr/Exp Date: _____ / _____

Amount Authorized: \$ _____