



UNITED STATES DISTRICT COURT  
DISTRICT OF KANSAS

Pro Se Electronic Notification  
Registration Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

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Internet E-mail Address: \_\_\_\_\_

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**I AM REGISTERING FOR ELECTRONIC NOTIFICATION ONLY\***

By registering, I consent to electronic service of all documents. Documents will be sent to the email address provided above. I agree that it is my responsibility to notify the court of any change to my email address and acknowledge that failing to maintain a current email address in the court's records may result in failing to receive documents filed in my case by the court or opposing counsel. I also acknowledge that I will be responsible for any costs incurred if I should choose to print documents that I receive electronically.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

Note: You must sign this form with your original "wet" signature. The "s/ typed name" format is not allowed here.

Return this form via hand delivery or U.S. Mail to : Clerk, U.S. District Court  
Electronic Filing Registration  
259 U.S. Courthouse  
500 State Avenue  
Kansas City, KS 66101

OR fax completed form to: 913-735-2201

OR email completed form to: [ksd\\_attorney\\_registration@ksd.uscourts.gov](mailto:ksd_attorney_registration@ksd.uscourts.gov)

**\*If you want to electronically file your documents in addition to receiving electronic notifications, you must complete the electronic filing registration process for non-attorneys through PACER.gov. For complete information, contact Attorney Registration at the phone number or email address above, or visit [ksd.uscourts.gov](http://ksd.uscourts.gov) .**