



ANDREA F. ROCCO
Cuyahoga County
Clerk of Courts

E-FILE REGISTRATION FORM

Electronic Filing Registration

Registrant's Name: _____

Ohio Attorney Bar Number: _____

Law Firm: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Person: _____

I hereby agree to pay to the Clerk of Courts all charges incurred by me in using the Clerk of Courts' Electronic Filing System. These charges shall include the litigation fees, costs and expenses set by statute and by local court rule in the amounts and as usually and customarily assessed litigants by the Clerk of Courts. I understand that there is no cost per se for using the Clerk of Court's Electronic Filing System and that the above costs are the only ones for which I am responsible.

I hereby authorize the Clerk of Courts to charge my American Express, Discover, MasterCard or Visa Account the fees, costs and expenses directly connected with the court documents electronically filed by me. It is my understanding that this Authorization may be revoked by me at any time for any reason and without explanation, but I also understand that my doing so will invalidate any electronic filings made thereafter until a new Authorization is restored.

I also agree to be bound by the policies, procedures, forms and local rules governing the use of electronic filing in the courts of Cuyahoga County as more fully explained in the materials provided to me by the Clerk of Courts.

Signature: _____

Printed Name: _____

Date Signed: _____