



Access Card Request

To register for an account on the Court's ECF System, please provide the information requested below:

Name: _____

Bar ID# and State: _____

Firm Name: _____

Firm Address, City, State, ZIP: _____

Firm Federal Tax ID #: _____

Voice Phone Number: _____

FAX Number: _____

E-Mail Address: _____

Send Notice to These Additional E-Mail Addresses:

Send Electronic Notice (check one): ☐ Each Filing ☐ End of Day Summary

Send Electronic Notice in the following format (check one):

☐ HTML
☐ Text

ECF Training

☐ I have received training from this court or another federal court
☐ I have a credit card that allows me to pay fees electronically via ECF

Bar Admittance

☐ I am admitted to practice and in current good standing as a member of the bar for the United States District Court for the District of Wyoming

PRODUCT

Employment Letters

Personnel Data Updating

Allowances services

Compensation

Compalin & raise concern

Oprtunities & suggestions

COMPANY

Contact

Privacy Policy

Terms And Conditions