

**Clark County Superior Courts Electronic Filing
(CCSCEF) User Registration Form**

New Registration
Updated Registration

This registration application is for SUPERIOR COURT ONLY

Please visit <https://www.clark.wa.gov/district-court/electronic-filing> to register with District Court. (Limited Jurisdiction)

NOTE: An authorized User ID for the Clark County Superior Courts Electronic Filing System will normally be issued in 2-4 weeks.

1. I am:

- ___ a member of the Washington State Bar Association and in good standing. **WSBA No:** _____
- ___ a certified professional guardian and in good standing. (Superior Court only)
- ___ a registered guardian ad litem in good standing. (Superior Court only)
- ___ a representative of a State of Washington government agency.
State Agency Name: _____

2. I am providing information as a condition of registering as a Filing User of Clark County Superior Court E-Filing System (CCSCEF) and receiving my User ID and Password. The Primary E-mail Address(s) below is the address(s) at which conformed copies will be returned.

First Name:		Tel No.
Middle Initial:		Bus./Firm Name:
Last Name:		Bus./Firm Tel No.:
City:		E-mail-1:
State:		E-mail-2:
Zip:		E-mail-3:

3. I understand and agree to the following:

- a. I will adhere to the rules governing Electronic Filing in the WA State Court Rules and any local rule or protocols promulgated by participating courts.
- b. I understand that each use of my password for filing documents with CCCEF constitutes my signature on the document being submitted.
- c. I understand that my filing agent is authorized to file documents on my behalf.
- d. I understand that providing any false information in this form may result in a revocation of my authorized User status.
- e. I will protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, I will notify CCCEF representative immediately.
- f. I will inform the court and CCCEF agent of any change in my employment affiliation.
- g. I will also inform the CCCEF agent of any change of information contained in this form.

Please return completed form to:
efilereg@clark.wa.gov

Signature

Date