AFFIDAVIT IN SUPPORT OF

SELF-REPRESENTED LITIGANT REQUEST FOR ELECTRONIC FILING ACCOUNT

Name: First:	Middle:	Last:		
User Name:	(should mirror	(should mirror user name on the request for an electronic filing)		
Employer:	Date of Birth:	Date of Birth:		
Phone Number:	Email address:			
User Certification:				
I,	, being first duly sworn, depose and say:			
	orney intending to file pleadings eld Iministrative Order Number 21;	ectronically as a self-repre	sented litigant pursuant to	
•	y that I will not engage in the unat could be rendered a nullity;	ithorized practice of law	and understand that any	
That my Driver Lice	ense Number or State ID Number is	:	, issued by	
the State of	ense Number or State ID Number is , and expire	es on the day of	, 2	
I swear that the for	egoing information is accurate an	d complete on this da	y of, 2	
	Signature Nota	ary Public		