

**United States District Court  
for the District of South Carolina**

**ATTORNEY ECF PASSWORD RESET FORM**

This form is used to request a password reset on the attorney's user account in the District of South Carolina Electronic Filing System. Registered attorneys (Filing Users) have privileges to electronically submit documents and to view the electronic documents. By registering, attorneys consent to receiving electronic notice of filings through the system.

**Please complete the following required information to reset your ECF password:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

If appropriate, select one:  Senior  Junior  II  III  Other \_\_\_\_\_

S.C. Federal Bar ID: \_\_\_\_\_

E-Mail Address on file for Electronic Service: \_\_\_\_\_

New E-Mail Address for Electronic Service: \_\_\_\_\_

If also requesting an address update, please check this box and complete the following.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**By submitting this form, the undersigned agrees to abide by all Court rules, orders, and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. The combination of the Filing User's login, password, and s/[typed name] or digital signature serve as the signature of the attorney filing the documents. Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised by an unauthorized user.**

**E-mail this form to:**  
ecf\_registration@scd.uscourts.gov

\_\_\_\_\_  
(Signature/Date)  
Once your reset is complete, you will receive notification by e-mail as to your new password needed to access the system. Procedures for using the system will be available for downloading when you access the system via the internet.

OR

**Mail this form to:**  
USDC ECF Registration  
901 Richland Street  
Columbia, SC 29201

(If you email the form,  
you do NOT need to  
mail it!)

**Court Use Only:**

Password Reset: \_\_\_\_\_