

Electronic Case Filing Registration Form

Docket Number: _____

Name of Respondent: _____

Respondent's Attorney: Name: _____

Firm: _____

Address: _____

Telephone: _____

Facsimile: _____

E-Mail: _____

I hereby acknowledge that I have read the Massachusetts State Ethics Commission Electronic Case Filing Administrative Procedures Manual, and I agree to the terms, conditions and procedures therein.

Respondent Signature (if not represented by attorney) Date

Attorney Name (printed) Date

Attorney Signature