

Mohave County Clerk of the Superior Court

Attorney Electronic Distribution Application

NEW APPLICATION
 UPDATE APPLICATION
 WITHDRAW APPLICATION

ATTORNEY BAR No.#
 LAW FIRM *

* Please attach separate list of attorney's/BAR No.'s

NAME (Contact person): _____

LAW FIRM (if applicable): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

(List only one e-mail address)

This e-mail registration does not expire without written modification or withdrawal from the applicant.

IMAGE VIEWER(S) INSTALLED ON YOUR COMPUTER: _____

(Document Image Viewer Required)

*I am applying for **electronic distribution** of Mohave County Superior Court case file documents. Pursuant to the Supreme Court Administrative Order No. 2009-43, I _____ on behalf of _____ (firm or self) hereby:*

CONSENT TO

WITHDRAW FROM

electronic service of documents from the court. I agree to inform the Clerk of Superior Court of any changes in the e-mail address listed on this application.

Dated this _____ day of _____, 20_____

Signature: _____

RETURN THIS FORM TO: Mohave County, Clerk of the Superior Court, P.O. BOX 7000, Kingman, Arizona 86402-7000

*** FOR DISTRIBUTION CLERK OF SUPERIOR COURT USE ONLY ***	Effective Date:	
Added / Updated / Removed: MCSC Contacts	Deputy Clerk:	
SPN#'s:		