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)

_____

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*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:		