

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

CM/ECF Media Access Application

Applicant's Name: _____

Affiliation Name & Address: _____

Telephone number: _____

Current E-mail address: _____

NOTE: Your application will not be processed without proof of press credentials. Please provide a copy with your Application.

E-Mail completed form and copy of press credentials to: ECFhelp@casd.uscourts.gov.

Your media access login and password information will be E-mailed to the address provided.

For questions concerning this service contact ECFhelp@casd.uscourts.gov.