



TRACY WINKLER
CLERK OF COURTS

Electronic Filing Coordinator
1000 Main Street, Room 371
Cincinnati, OH 45202
513-946-5612
www.courtclerk.org

ELECTRONIC FILING REGISTRATION

Registrant's Name: _____

Ohio Attorney Number: _____

Law Firm: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contact Person: _____

I hereby agree to pay to the Clerk of Courts all charges incurred by me in using the Clerk of Courts' Electronic Filing System. These charges shall include the litigation fees, costs and expenses set by statute and by local court rule in the amounts and as usually and customarily assessed litigants by the Clerk of Courts. I shall also pay to the Clerk of Courts photocopying fees calculated at \$0.10 per page for the production of paper copies of documents sent by electronic filing which are needed for service on parties, for the Court Index Press and for the case jacket. I understand that there is no cost per se for using the Clerk of Court's Electronic Filing System and that the above costs are the only ones for which I am responsible.

I hereby authorize the Clerk of Courts to charge my American Express, Discover, MasterCard or Visa Account the fees, costs and expenses directly connected with the court documents electronically filed by me, and I have completed the Credit Card Authorization Form attached hereto to facilitate the payment of these charges. It is my understanding that this Authorization may be revoked by me at any time for any reason and without explanation, but I also understand that my doing so will invalidate any electronic filings made thereafter until a new Authorization is restored.

I also agree to deposit with the Clerk of Courts \$100.00* in cash or by check, credit card or money order to cover the photocopying cost charges noted above. I understand that the Clerk of Courts shall maintain a running balance on this deposit for copying charges. I understand that the Clerk of Courts shall periodically send me an invoice by e-mail whenever my balance drops to \$20.00, and I will deposit another \$100.00 in order to continue my ability to use this electronic filing system. I am free, however, to decline to refurbish this cash account at any time for any reason and without explanation, but I also realize that doing so shall invalidate my ability to use electronic filing. This \$100.00 deposit is not applicable to Municipal Civil e-filings where copy costs are charged to the credit card each time.

I also agree to be bound by the policies, procedures, forms and local rules governing the use of electronic filing in the courts of Hamilton County as more fully explained in the materials provided to me by the Clerk of Courts.

NOTE: \$100.00 copy cost account fee not required if only making Municipal Civil filings.

Signature: _____

Printed Name: _____

Date Signed: _____

Mail or deliver (not fax or email) both completed forms to the Efiling Coordinator at the address above.



TRACY WINKLER
CLERK OF COURTS

Electronic Filing Coordinator
1000 Main Street, Room 371
Cincinnati, OH 45202
513-946-5612
www.courtclerk.org

CREDIT CARD AUTHORIZATION FORM

I hereby authorize the Hamilton County Clerk of Courts to charge the credit card account listed below the fees, costs and expenses incurred by me for electronically filed court documents according to the expenses usually and customarily charged according to statutes and local rules of court.

I further authorize the Clerk of Courts to charge any other credit card that I use in the electronic filing process for the above filing expenses; in other words, the credit card listed below is not necessarily the only one I may use for electronic filing purposes.

I also hereby authorize the Clerk of Courts to debit my copy cost account (initial deposit of \$100.00*) for the photocopying charges related to electronic filing. For Municipal Civil e-filings the copy cost is charged to the credit card during each filing.

This Authorization shall continue in effect until terminated in writing by me at any time and for any reason.

*NOTE: \$100.00 copy cost account fee not required if making only Municipal Civil filings.

Courts where I will do filings: _____ Appellate _____ Common Pleas _____ Municipal Civil

Signed: _____

Printed Name: _____

Date Authorized: _____

Type of Card: American Express _____ Discover _____ MasterCard _____ Visa _____

This credit card is a: _____ Personal one or a: _____ Firm one.

Account Number: _____

Expiration Date: _____

Card Billing Address: _____

Billing Address Line 2: _____

Billing City, State, Zip: _____

Mail or deliver (not fax or email) both completed forms to the Efiling Coordinator at the address above.