



JUDICIARY ELECTRONIC FILING  
AND IMAGING SYSTEM

ATTORNEY PARTICIPATION CERTIFICATION AND  
REGISTRATION FORM

**NOTE:** To complete registration for JEFIS, attorney must review and accept the terms of the Participation Agreement, comply with the annual registration requirement of the New Jersey Lawyer's Fund for Client Protection, and have a current collateral account with the Judiciary. Submit the Registration form in .PDF format via email to [PublicAccess.mailbox@judiciary.state.nj.us](mailto:PublicAccess.mailbox@judiciary.state.nj.us) and place "JEFIS Registration – (Attorney's Name)" in the subject line of the email.

By submitting this form, I certify that I have read the JEFIS Attorney Participation Agreement and agree to abide by its terms.

\_\_\_\_\_  
Date

\_\_\_\_\_  
/S  
Attorney Signature

☐ New User ☐ Previous User

Previous Firm Name: \_\_\_\_\_

**ATTORNEY/FIRM INFORMATION FOR REGISTRATION**

Attorney Name: \_\_\_\_\_  
Attorney E-Mail: \_\_\_\_\_  
Attorney Bar ID Number: \_\_\_\_\_  
(Attorney Bar ID used for annual registration with the NJ Lawyer's Fund for Client Protection)  
Firm Name: \_\_\_\_\_  
Firm Full Mailing Address: \_\_\_\_\_  
Firm ID Number: (telephone number): \_\_\_\_\_  
Firm E-Mail For System Return Notices: \_\_\_\_\_  
Collateral Account Number: \_\_\_\_\_  
Contact Telephone for Registration only: \_\_\_\_\_  
Contact Fax Number for Registration only: \_\_\_\_\_

Check one or both: ☐ Special Civil Part DC ☐ Foreclosure Actions

**FIRM CONTACT INFORMATION FOR SYSTEM ENHANCEMENT NOTICES**

Contact Name: \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Contact E-mail For System Enhancement Notices: \_\_\_\_\_

**LOGON INFORMATION (to be completed by the Office of the Clerk of the Superior Court)**

USER ID: \_\_\_\_\_  
PASSWORD: \_\_\_\_\_