

New Registration – Non-Attorney

N Y S C E F
User Registration Affidavit
for **SCAR Petitions – Non-Attorney**
All Authorized Counties

State of New York
County of _____

1. I _____ am a small claims assessment review filing agent.

2. I am submitting this registration as a non-attorney seeking to file SCAR petitions as:

[] single or multiple PDFs

[] text files (stipulation required – see Paragraph 4.e)

3. I am providing the following information as a condition of being registered as a Filing User of the New York State Courts Electronic Filing System (“NYSCEF”) and of receiving my user ID and password. Unless otherwise stipulated between the parties, the Primary E-mail Address below is the address at which service of interlocutory documents may be made through the system upon the user or parties represented by the user.

First Name _____

MI (optional) _____

Last Name _____

Address: _____

City _____ State _____ Zip _____

Telephone Number _____

Fax Number - - (optional) _____

Firm Name _____

E-mail Address:

(Primary) _____

4. I understand and agree to the following:
 - a. I will adhere to the regulations governing the NYSCEF System (22 NYCRR §§202.5-b and 202.5-bb) and, if filing SCAR petitions as text files, will comply with all provisions of the Stipulation Consenting to Electronic Filing for the current tax year (filed herewith).
 - b. As a small claims assessment review filing agent, I will file documents only on behalf of petitioners who have authorized me to file the documents pursuant to a Statement of Authorization substantially similar to the Designation of Representative on the State SCAR petition for. I understand that this user ID and password does not authorize me to e-file documents on behalf of any attorney in any type of matter, including SCAR petitions. If I intend to e-file any such documents, I must first obtain an authorized filing agent ID.
 - c. I will meet all hardware and software requirements of the NYSCEF System. I understand that the current minimum requirements for filing documents are: a computer with Internet access, a printer, and Adobe Acrobat or similar software (to convert documents formatted by wordprocessor to portable document format (PDF)).
 - d. I agree to protect and secure the confidentiality of my password. If I have reason to believe that my password has been compromised, I agree to notify the NYSCEF Resource Center immediately by e-mail at efile@courts.state.ny.us. If I need to modify my Primary E-Mail Address, I shall immediately notify the Resource Center.
 - e. *** I understand and agree that I may not use this user ID and password to file SCAR petitions via the text (bulk) filing method unless I have first secured a stipulation agreeing to such filing method for each respondent taxing authority and have submitted each stipulation to the E-Filing Resource Center for filing with the appropriate County Clerk. (If this sub-paragraph applies, at least one stipulation must accompany this registration affidavit.)

Signature: _____

 Print or Type Name

Notary

State of: _____

County of: _____

On ____ / ____ / _____, before me, _____,

Personally appeared, _____,