

PUBLIC ACCESS TO COURT ELECTRONIC RECORDS
PACER BILLING CENTER
REGISTRATION FORM

(Please Print or Type:)

COURT: _____

DISTRICT AND/OR BANKRUPTCY

FIRM NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

_____ Check here if you are registering as a U.S. Government Agency

_____ Check here if you are registered with any other court and
list the court name and login ids assigned by each court.
(attach separate sheet if needed)

PLEASE FAX THIS FORM TO (210) 308-3763 OR MAIL TO:

PACER BILLING CENTER
PACER REGISTRATION
P.O. BOX 780549
SAN ANTONIO, TX 78278-0549

YOU WILL RECEIVE YOUR LOGIN AND PASSWORD IN THE MAIL WITHIN TWO WEEKS.