

COOK COUNTY ATTORNEY CODE REQUEST AND OPT IN/OPT OUT FOR ELECTRONIC CASE MANAGEMENT NOTICE FOR ATTORNEYS AND LAW FIRMS

To obtain a new attorney code, please proceed to the New Attorney Code section, below. You can also change your contact information, including opting-in or out of electronic (email) case management notice for an existing attorney code, by proceeding to the Change of Contact Information section, below.

Indicate whether this request is for a firm or individual attorney code. If you are requesting a firm attorney code, an attorney in that firm must provide his/her documentation as described below.

Documentation needed: All requests must be accompanied by copies of your current and valid Illinois Attorney Registration & Disciplinary Commission (ARDC) card AND your valid government-issued driver's license or identification card. If you are an out-of-state attorney not licensed to practice law in Illinois, please contact (312) 603-5469 for further information.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR ARDC INFORMATION.

Requests, except for those in person, will be processed from 9:00 a.m. to 3:00 p.m., Monday through Friday, excluding court holidays.

REQUESTS RECEIVED AFTER 3:00 p.m. WILL BE PROCESSED ON THE FOLLOWING BUSINESS DAY.

You may submit this request any of the following ways:

- 1. Via facsimile: Fax your completed request and copies of the above supporting documents to (312) 603-3348.
2. Via email: Email your completed request and copies of the above supporting documents to attorneycode@cookcountycourt.com.
3. In person: Bring your completed request along with the original supporting documents to the Law Division in Room 801 of the Richard J. Daley Center, 50 West Washington Street, Chicago, Illinois 60602 or the Civil Department at any of the Suburban Districts (processed 8:30 a.m. to 4:30 p.m.)
4. Via U.S. Mail: Mail your completed request and copies of the above supporting documents to the Law Division in Room 801 of the Clerk of the Circuit Court of Cook County, Richard J. Daley Center, 50 West Washington Street, Chicago, Illinois 60602.

Please select the method you wish to be notified of your attorney code: [ ] Email [ ] Fax [ ] Mail

Please print legibly.

NEW ATTORNEY CODE: Status: [ ] Firm [ ] Individual

Firm Name: (As it will appear on the electronic docket)

Attorney Name: (First, Middle, Last, as it appears on your ARDC card - As it will appear on the electronic docket)

Street Address:

City, State:

Telephone Number: ( ) Fax Number: ( )

Email: ARDC Number:

ELECTRONIC (EMAIL) CASE MANAGEMENT NOTICE REQUEST FOR ALL CASES: (OPT IN)

I have read and agree to the terms of the Clerk's Office Electronic Case Management Notice Policy and elect to [ ] opt in to electronic case management notice for all cases at the email address registered to this attorney code.

CHANGE OF CONTACT INFORMATION: Status: [ ] Firm [ ] Individual

Cook County Firm or Individual Attorney Code:

Firm Name: (As it will appear on the electronic docket)

Attorney Name: (First, Middle, Last, as it appears on your ARDC card - As it will appear on the electronic docket)

Street Address:

City, State:

Telephone Number: ( ) Fax Number: ( )

Email: ARDC Number:

ELECTRONIC (EMAIL) CASE MANAGEMENT NOTICE REQUEST FOR ALL CASES: (OPT IN/OPT OUT)

I have read and agree to the terms of the Clerk's Office Electronic Case Management Notice Policy and elect to [ ] opt in to electronic case management notice for all cases at the email address registered to this attorney code, or [ ] opt out of previous election of electronic case management notice.

REQUESTOR (required):

Date: Requestor ARDC Number:

Requestor Name: (Please print) Requestor Signature:

Office Use Only [ ] Attorney Code: [ ] Attorney Notified [ ] Attorney Code information changed. Operator: