



Missouri Office of State Courts Administrator

REQUEST FOR GROUP ADMINISTRATOR ACCOUNT

CHECK one: [] New account [] Change account information [] Terminate account

PRINT or TYPE all information and SIGN below. Incomplete forms will be returned.

Form with fields: GROUP/AGENCY NAME, ADDRESS, AUTHORIZING AGENT LAST NAME, FIRST NAME, NICKNAME, MI, AUTHORIZING AGENT TITLE, TELEPHONE, AUTHORIZING AGENT E-MAIL ADDRESS, BUSINESS NEED.

In my official capacity, I am requesting a group administrator account for the above listed group/agency to file documents with the court through the Missouri Electronic Filing (eFiling) System. I hereby agree and acknowledge said agency will comply with Supreme Court Operating Rule 27 and Supreme Court Rule 103.

I hereby agree the group/agency will use the eFiling system only for the purposes stated herein. I agree all persons having access to the information under my control will abide by the same agreement. I agree I am responsible for all registered users under the group/agency account.

I further understand the unauthorized use of the eFiling system by this group/agency will result in the immediate revocation of access to electronic filing. I understand the office of state courts administrator (OSCA) may terminate access for any reason, including non-use, and OSCA or other authorized personnel may monitor activity and report about any suspected misuse.

I affirm and attest under penalty of perjury the information and facts in this report are complete, true and accurate. I further acknowledge I am aware that any false statement or declaration made herein is punishable under Chapter 575 of the Revised Statutes of Missouri.

Form with fields: AUTHORIZING AGENT SIGNATURE, DATE

You also MUST complete the Group Administrator Account Contact form and designate one or more contact(s) for your group/agency who will be responsible for managing registered user access for each group account you request. A group/agency may request more than one group administrator account be established.

RETURN signed forms to: OSCA Systems Security, P.O. Box 104480, Jefferson City MO 65110

Voice (Help Desk): (888) 541-4894, Fax: (573) 526-8322, osca.systems.security@courts.mo.gov



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GROUP ADMINISTRATOR ACCOUNT CONTACT

Appointing a group administrator account contact is **REQUIRED**. List a group administrator account contact for each group administrator account requested. Use additional forms if needed.

PRINT or TYPE all information. Incomplete forms will be returned.

GROUP/AGENCY NAME (include DEPARTMENT/DIVISION if applicable)			
CONTACT LAST NAME	FIRST NAME	NICKNAME	MI
CONTACT AGENT TITLE		TELEPHONE	
CONTACT ADDRESS (if different than Agency)			
CONTACT E-MAIL		E-MAIL ADDRESS TO BE USED FOR NOTIFICATIONS:	

GROUP/AGENCY NAME (include DEPARTMENT/DIVISION if applicable)			
CONTACT LAST NAME	FIRST NAME	NICKNAME	MI
CONTACT AGENT TITLE		TELEPHONE	
CONTACT ADDRESS (if different than Agency)			
CONTACT E-MAIL		E-MAIL ADDRESS TO BE USED FOR NOTIFICATIONS	

GROUP/AGENCY NAME (include DEPARTMENT/DIVISION if applicable)			
CONTACT LAST NAME	FIRST NAME	NICKNAME	MI
CONTACT AGENT TITLE		TELEPHONE	
CONTACT ADDRESS (if different than Agency)			
CONTACT E-MAIL		E-MAIL ADDRESS TO BE USED FOR NOTIFICATIONS	

Group Administrator Account Contact Responsibilities:

1. Ensure only authorized personnel are given access to the eFiling system.
2. Authenticate the identity of each registered user from this group/agency.
3. Contact OSCA Systems Security in a timely manner with account maintenance information for registered users, such as terminations or user information changes.