#  FORMULÁRIO DE CADASTRAMENTO PARA ACESSO AO SISTEMA SPCJUD

**USUÁRIO MAGISTRADO**

NOME DA INSTITUIÇÃO:

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| **R** | **I** | **O** |  | **D** | **E** |  |  | **J** | **A** | **N** | **E** | **I** | **R** | **O** |  |  |  |  |  |  |  |  |

NOME DO USUÁRIO:

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MATRÍCULA OU DOCUMENTO DE IDENTIFICAÇÃO:

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TELEFONE DA SERVENTIA: TELEFONE CELULAR:

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E-MAIL INSTITUCIONAL:

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CARGO (JUIZ OU DESEMBARGADOR):

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SERVENTIA RESPONSÁVEL (VARA/CÂMARA E COMARCA):

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CPF:

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DATA DA SOLICITAÇÃO: / /\_\_\_\_

***ASSINATURA DO MAGISTRADO***