

MECKLENBURG COUNTY BAR APPLICATION FOR COURTHOUSE ACCESS CARD

Card Number: _____

Leave this blank, MCSO will assign

Name	LAST:	FIRST:	M. I.:
NC State Bar #			
Law Firm/Business Name			
Title			
Supervisor (if applicable)			
Supervisor's Telephone			
Office Telephone Number			
Office Address			
Email Address			
Today's Date			
Last four digits of Social Security Number (This will be your access PIN #)			

Please provide ALL requested information and SIGN the form.

The last four digits of your SSN will be your PIN number. If you have a problem with your card access and your PIN is not on file, you **WILL NOT** be able to have any changes made or information discussed regarding your Access Card via telephone.

Certification

I understand that the ID/Access Card issued remains the property of the Mecklenburg County Sheriff's Office and that its issuance and use is a privilege granted to me through a cooperative agreement between the Mecklenburg County Bar and the Sheriff's Office. I understand that this privilege may be revoked if at any time my actions are contrary to North Carolina Law or the Access Card Rules and Guidelines. I also understand that I must, upon request, give my I.D./Access Card to any Supervisor of the Court Division of the Sheriff's Office and/or any administrative representative of the Mecklenburg County Bar.

I understand that the ID/Access Card must be worn **VISIBLY on my outermost garment above the waist at all times** in the Courthouse.

I certify that I am a member in good standing with the North Carolina State Bar and the Mecklenburg County Bar and recognize that, as a condition of the issuance of this Card, I will abide by the Access Card Rules and Guidelines.

Name (printed)	
Signature	
Date	

7/13/07