



Orange County Bar Association
Court Access Card Application
ATTORNEY
January 1, 2010 to December 31, 2011

SAVE TIME!! Have your Court Access Card mailed to you in 7-10 business days. Please complete the form and mail with a copy of your valid drivers license and a check in the amount of \$75 made payable to the OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801. Please email your digital photo in .jpg format to stacyh@ocbanet.org. We will mail the card to you.

Or - Please complete the form. Please bring the completed form, your valid drivers license and a check in the amount of \$75 made payable to the OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801, to have your photo taken and receive your card the same day.

Please Print Clearly

REQUIRED (if applicable) - Date of Issue Printed on Last Year's Card: _____

(Required)

First Name _____ Middle _____ Last _____

Firm Name _____

Firm Mailing Address _____

City _____ State _____ Zip _____

(Optional)

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

(Required)

Date of Birth (mm/dd/yyyy) _____/_____/_____

State/Jurisdiction of Bar Membership _____ State Bar Number _____

Member of the Orange County Bar Association (**Please select one**) Yes ___ No ___

What is the primary county in which you practice? _____

I certify that as a condition of issuance of a Court Access Card by the Orange County Bar Association ("OCBA"), I will not allow anyone else to use said Card for access to the Orange County Courthouse, nor will I bring into the Courthouse articles prohibited by any statute, ordinance, regulation or policy of the State of Florida or Orange County, its officers, employees or agents. **Specifically, I will bring no firearms into the courthouse.** I consent to a weapons search of my person or possessions by security or court personnel as requested. I agree to notify the OCBA promptly should my Card be lost, stolen, misplaced, and/or if the information herein changes. I further certify that upon violation of these conditions to voluntarily surrender said Card and to hold harmless and indemnify the Orange County Bar Association from any actions relating to any violation of these conditions.

I further acknowledge and agree that access to the Orange County Courthouse is subject to the policies and procedures that Orange County may from time to time adopt in its discretion and that the Access Card may be revoked or cancelled or its benefits limited by Orange County or by the OCBA. I release Orange County and the OCBA from any actions relating to said revocation, cancellation or limitation.

Signature _____

Date _____

Fee: \$75.00

Make checks payable to: Orange County Bar Association
Return application and check to: Orange County Bar Association
P.O. Box 530085
Orlando, FL 32853-0085

Question? Please contact OCBA membership at 407-422-4551 x 225 or email stacyh@ocbanet.org. Please complete and mail with check made payable to OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801.

Office Use Only

Photo I.D. Presented _____

Date of Issue _____

Fee Paid _____