



**Orange County Bar Association**  
**Court Access Card Application**  
**ATTORNEY**  
**January 1, 2012 to December 31, 2013**

**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 [karenf@ocbanet.org](mailto:karenf@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 \_\_\_\_\_

Work Phone \_\_\_\_\_

**(Optional)**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 [karenf@ocbanet.org](mailto:karenf@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 \_\_\_\_\_