



Orange County Bar Association - Court Access Card Application  
**Court Reporter - Paralegal - Legal Assistant -  
Secretary - Courier - Consultant**  
January 1, 2012 to December 31, 2013

SAVE TIME!! 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). Your card will be mailed in 7-10 business days.

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**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name of Attorney/Firm of Employment \_\_\_\_\_

Firm/Company Address \_\_\_\_\_

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

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

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

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

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ What is the primary county in which you practice? \_\_\_\_\_

Are you a member of the Orange County Bar Association? Yes\_\_ No\_\_

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 utilize 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. Without limitation, **I will bring no firearms into the Courthouse.** I consent to a weapons search of my person or possession by security or court personnel as requested. I agree to indemnify 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 which 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.

I understand that the OCBA, or its designate, will perform a Florida Department of Law Enforcement criminal history information and background investigation and hereby consent to the same. I understand and agree that the issuance of an Access Card is contingent upon the results of the criminal history information and background investigation.

**Court Reporter**

Before the undersigned authority, personally appeared the Applicant who, after having taken an oath stated that he/she is over the age of eighteen (18) years, that the information provided above is true and correct, that he/she is a practicing Court Reporter in the State of Florida and that he/she is authorized to administer Oaths in the State of Florida.

\_\_\_\_\_  
Applicant's Notary Registration Number

\_\_\_\_\_  
Applicant's Notary Expiration Date

**Paralegal / Legal Assistant / Secretary / Courier**

Before the undersigned authority, personally appeared the Applicant who, after having taken an oath stated that he/she is over the age of eighteen (18) years, that the information provided above is true and correct, and that he/she is currently employed by the Attorney or Firm designated above as a (circle one) Paralegal / Legal Assistant / Secretary / Courier.

I certify and affirm that the Applicant is currently employed by me in the capacity described above.

\_\_\_\_\_  
Attorney (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State / Jurisdiction of Bar Admission

\_\_\_\_\_  
State Bar Number

See reverse for signature block and additional Applicant status information.

**Professional Consultant in Trial or Proceeding**

Before the undersigned authority, personally appeared the Applicant who, after having taken an oath stated that he/she is over the age of eighteen (18) years, that the information provided above is true and correct, and that he/she is a practicing (insert profession) \_\_\_\_\_ and serves as a professional consultant or expert consultant in court proceedings.

\*\*\* Please attach a copy of the Applicant's certification or licensure to practice his or her respective profession, if applicable.

I certify and affirm that the Applicant has been engaged by me as a professional consultant within the past two (2) years in a Federal or State court proceeding in the United States of America.

\_\_\_\_\_  
Attorney (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
State / Jurisdiction of Bar Admission

\_\_\_\_\_  
State Bar Number

**ALL APPLICANTS**

\_\_\_\_\_  
Applicant Name (Print Name)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

State of \_\_\_\_\_

County of \_\_\_\_\_

**ACKNOWLEDGED, SWORN AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year) who, (check one)**

\_\_\_\_\_ is personally known to me, or

\_\_\_\_\_ has produced a driver's license (issued by a State of the United States within the last five [5] years) as identification, or

\_\_\_\_\_ has produced other identification, to wit: \_\_\_\_\_.

Affiant did take an oath.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Commission No.

\_\_\_\_\_  
My Commission Expires

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. **Please complete and mail with check made payable to OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801 along with a copy of a valid drivers license.**

**Office Use Only**

Photo I.D. Presented

Date of Issue

Fee Paid