



Orange County Bar Association - Court Access Card Application
Court Reporter - Paralegal - Legal Assistant -
Secretary - Courier - Consultant
 January 1, 2020 to December 31, 2021

Please complete the form and mail with a copy of your valid driver's license and a check in the amount of \$80 made payable to the OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801. Please email your new digital photo in .jpg format to carolync@ocbanet.org. We will mail you your card in 7-10 business days.

Or - Please complete the form. Please bring the completed form, your valid driver's license and a check in the amount of \$80 made payable to the OCBA to: Orange County Bar Association, 880 N. Orange Ave., Orlando, FL 32801.

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 canceled 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 (please circle which position)

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.

Signature

Print Name

Commission No.

My Commission Expires

Fee: \$80.00

Make checks payable to: Orange County Bar Association

Return application and check to: Orange County Bar Association
880 North Orange Avenue
Orlando, FL 32801

Question? Please contact OCBA membership at 407-422-4551 x 221 or email carolync@ocbanet.org. **Please complete and mail with check made payable to OCBA along with a copy of a valid driver's license.**

Office Use Only

Photo I.D.

Presented Date of Issue

Fee Paid