



**Hillsborough County Bar Association
Court Access Card Application—ATTORNEY
January 1, 2010—December 31, 2011**

Save time! Please complete this form and mail it to us with a copy of your driver's license and a check for \$35 made payable to the HCBA. Our address is 1610 N. Tampa Street, Tampa FL 33602. You will also need to email your digital photo in .jpg format to accesscard@hillsbar.com. Once your application is processed, we will mail the card to you or you can stop by the HCBA to pick it up.

Please print clearly.

(REQUIRED):

First Name _____ **Middle** _____ **Last** _____

Firm Name _____

Firm Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone: _____

Email: _____

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

State/Jurisdiction of Bar Membership _____ **State Bar Number** _____

Are you a member of the Hillsborough County Bar Association? 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 Hillsborough County Bar Association ("HCBA"), I will not allow anyone else to use said card for access to the Hillsborough County Courthouse, nor will I bring into the courthouse articles prohibited by any statute, ordinance, regulation or policy of the State of Florida or the Court and/or the Hillsborough County Sheriff's Office, its officers, employees or agents. Specifically, I will bring no firearms into the courthouse. The Court Access Card does NOT exempt you from screenings and a weapons search. I agree to notify the HCBA promptly should my card be lost or 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 Hillsborough County Sheriff's Office, the Court or the HCBA from any actions relating to any violation of these conditions.

I further acknowledge and agree that access to the Hillsborough County Courthouse is subject to the policies and procedures that the Hillsborough County Sheriff's Office or the Court may from time to time adopt in its discretion and that the access card may be revoked or cancelled or its benefits limited by Hillsborough County Sheriff's Office, the Court or the HCBA. I release the Hillsborough County Sheriff's Office, the Court and the HCBA from any actions relating to said revocation, cancellation or limitation.

I acknowledge and consent, with my signature below, to allow the Hillsborough County Sheriff's Office to conduct a criminal background check on myself.

Signature _____

Date _____

Fee: \$35.00

Make Check Payable to: Hillsborough County Bar Association

Return Application and check to: Hillsborough County Bar Association, 1610 N. Tampa Street, Tampa FL 33602.

Questions: Please contact HCBA membership at 813-221-7777 or email accesscard@hillsbar.com.

Office Use Only		
Photo ID Presented _____	Date of Issue _____	Fee Paid _____