



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

Save time! Have your Court Access Card mailed to you in 7-10 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 HCBA, 1610 N. Tampa Street, Tampa FL 33602. Please email your digital photo in .jpg format to [accesscard@hillsbar.com](mailto:accesscard@hillsbar.com). We will mail the card to you.

Or-Please complete the form. Please bring the completed form, your valid driver's license and a check in the amount of \$75 made payable to the HCBA to: Hillsborough County Bar Association, 1610 N. Tampa Street, Tampa FL 33602 to have your photo taken and receive your card the same day.

Please print clearly.

**(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** \_\_\_\_\_

**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:** \$75.00

**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](mailto:accesscard@hillsbar.com). Please complete and mail with check made payable to HCBA to: Hillsborough County Bar Association, 1610 N. Tampa Street, Tampa FL 33602.

<b>Office Use Only</b>		
Photo ID Presented _____	Date of Issue _____	Fee Paid _____