

# **COURTHOUSE SECURITY BADGES**

**NOW AVAILABLE TO ACTIVE MEMBERS OF THE  
WASHINGTON STATE BAR ASSOCIATION WITH NO  
RECORD OF PUBLIC DISCIPLINE**

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**Only active members of the Washington State Bar Association with no record of public discipline are eligible.**

- You must:
  - Complete an agreement to abide by the rules of the program as set forth in the agreement and return the agreement to the Spokane County Bar Association.
  - Submit a background check to the Spokane County Bar Association to be completed by the Spokane County Sheriff's Office.
  - Pay an annual fee of \$50 to the Spokane County Bar Association (The period is 9-01-16 through 8-31-17).
  - After the Spokane County Bar Association receives the release from the sheriff's office, you will then have your photograph taken by the Spokane County Risk Management Office, 1033 West Gardner Avenue (Mon 1-3 pm or Wed. 10 am – 12 noon).

For further information or to request the required documentation, speak to any of the friendly staff of the Spokane County Bar Association or log onto our web site at [www.spokanebar.org](http://www.spokanebar.org).

AGREEMENT FOR COURTHOUSE ACCESS

This is an application by an attorney for the privilege to bypass Courthouse Security.

Name: \_\_\_\_\_ WSBA # \_\_\_\_\_

Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The undersigned agrees to the following in consideration of being given a Courthouse Access Card:

1. I am an active member in good standing with the Bar Association of the State of \_\_\_\_\_.
2. I agree, in exchange for a card to access the Spokane County Courthouse complex buildings without going through the security screening that:
  - a. I will not allow my card to be used by any other individual; and
  - b. I will not bring any type of weapon or contraband into the courthouse for any purpose.
3. I understand and agree that my privileges may be denied or revoked by any Judge or Commissioner or Sheriff or Sheriff's deputy in charge of security:
  - a. For conduct equivalent to contempt of court;
  - b. Any act of violence or confrontation with any person in the courthouse;
  - c. For failure to follow directions of courthouse security personnel;
  - d. For failure to pay the current annual fee of Fifty (\$50.) Dollars;
  - e. By any disbarment or suspension by the Washington State Bar Association, or any other State or Federal Bar Association;
  - f. By the conviction for any crime;
  - g. For failure to abide by the terms of this agreement; or
  - h. Any other reason affecting security or public safety.
4. I agree to sign a release authorizing a background check.
5. If my privilege is denied or revoked, the denial or revocation is reviewable by the Presiding Superior court Judge and/or the courthouse Security Committee.
6. I agree this privilege is subject to GR29 – Presiding Judge in Superior Court District and Limited Jurisdiction court District and LAR 0.2(d) – Court Organization and Management / Duties of the Presiding Judge.
7. I agree I will be required to renew this pass annually and pay the current fee.
8. I understand the annual fee is subject to increase as set by the Spokane County Bar Association Board of Trustees.
9. I agree to provide the Spokane County Bar Association with any change of address no later than fourteen (14) days following such change.

**I understand this program is a privilege and creates no vested right.  
This program may be revoked at any time by Spokane County.**

**I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Place of Signing: \_\_\_\_\_

# REQUEST FOR RELEASE OF POLICE RECORDS

Date: \_\_/\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last (Print Full Name) First Middle

AKA/OTHER NAMES USED: \_\_\_\_\_

Address City/ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

U.S. Citizen: Yes No If no INS # \_\_\_\_\_

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender: M - F Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you been arrested? \_\_\_\_\_  
(INCLUDING JUVENILE)

What for? \_\_\_\_\_

Where? \_\_\_\_\_

What year(s) did it/they occur? \_\_\_\_\_

Are you on probation? \_\_\_\_\_

(Attach Additional Sheet for Further Explanations)

Employee's Signature: \_\_\_\_\_  
(FINGER PRINTS AND IDENTIFICATION PHOTO MAY BE REQUIRED)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
(PRINT AND SIGNATURE)

(Official Use Only) SPRS #: \_\_\_\_\_ Ident #: \_\_\_\_\_