

RENEWAL FORM 2016-2017
AGREEMENT FOR COURTHOUSE ACCESS

This is a **RENEWAL** 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 **RENEWAL** of a Courthouse Access Card:

1. I **continue to be** 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 (payable to the SCBA);
 - 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 affirm the information provided in my original "Request for Release of Police Records" has not changed since the date of execution.**
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: _____