

# **RULE 9 COURTHOUSE SECURITY BADGES**

**NOW AVAILABLE TO WSBA LICENSED RULE 9 INTERNS**

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- You must:
  - Complete an agreement to abide by the rules of the program as set forth in the agreement and attach a copy of WSBA APR 9 acceptance letter.
  - Submit to a background check 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 9-01-15 through 8-31-16).
  - Have your photograph taken by the Spokane County Risk Management Office (Mon 1-3 pm or Wed. 10 am – 12 noon).
  - Your supervising attorney must complete the “Rule 9 Supervising Attorney Agreement” and you must submit that form with your application.

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 a Rule 9 Legal Intern and her/his Supervising Attorney for the privilege to bypass Courthouse Security.

Name: \_\_\_\_\_ WSBA R9 #: \_\_\_\_\_

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 APR 9 Legal Intern in good standing with the Washington State Bar Association. Attach hereto is a copy of the letter from WSBA confirming the same. Also attached is the completed Rule 9 Supervising Attorney Agreement.
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 privilege 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 (\$50.00) Dollars;
  - e. By the revocation of my limited license by the Washington State Bar Association, or the occurrence of any action, listed in APR 9, requiring me to cease performing services;
  - f. By the resignation of my supervising attorney;
  - g. By the conviction for any crime;
  - h. For failure to abide by the terms of this agreement; or
  - i. Any other reason affecting security or public safety.
4. 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.
5. 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.
6. I agree I will be required to renew this pass annually and pay the current fee.
7. I understand the annual fee is subject to increase as set by the Spokane County Bar Association Board of Trustees.
8. I agree to sign a release authorizing a background check and hereby authorize the final results of such background check (i.e. Pass or Fail) be provided to the Washington State Bar Association.
9. I agree to provide the Spokane County Bar Association with any change of address no later than fourteen (14) days following such change, and authorize the Spokane County Bar Association to share my information with the Washington State Bar Association.

**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: \_\_\_\_\_

RULE 9 SUPERVISING ATTORNEY AGREEMENT

I, \_\_\_\_\_, am a member in good standing of the Washington State Bar Association.

I have agreed to supervise \_\_\_\_\_, pursuant to APR 9 under the Washington State Rules for Admission and certification to limited practice.

The effective dates for my supervision period of the above-named APR 9 intern are from the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ through the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

I agree to notify Spokane County Bar Association within forty-eight (48) hours if I cease supervision for any reason or if I learn that the individual above becomes ineligible for any reason.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Supervising Attorney

WSBA # \_\_\_\_\_

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

\_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_  
Phone Number \_\_\_\_\_

# 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 #: \_\_\_\_\_