ATTORNEY IDENTIFICATION CARD
AUTHORIZATION APPLICATION

Please complete and return to: Court Administrator, Marion Superior Court, 200East Washington St., #1221, Indianapolis, IN 46204

NOTICE: The Court will be issuing new identification cards beginning about Feb 23, 2012, which will be valid until December 31, 2013. Thereafter, the cards will be renewed every year.

By signing this application, you acknowledge that you understand the card you are requesting today will not be valid next year, and no refund or credit will be given.

Please check applicable category:

____New Applicant ____Name Change

____Renewal (Expiration of I.D. Card) ____Other (explain)

____Replacement (Lost or stolen I.D. Card)

In accordance with the Circuit and Superior Court Security Screening Policy for Attorneys, it is hereby requested that an I.D. Card be issued to the following applicant:

Attorney's Full Name Attorney Number

Law Firm Business Telephone

Business Address City State Zip

Email Address

AGREEMENT

I, the undersigned attorney, in exchange for and in consideration of the issuance of an attorney identification card (I.D. Card), hereby promise and agree that:

1. I will abide by all terms and conditions for the use of the I.D. Card set forth by Court policies;
2. I will not bring firearms, knives, or any other weapon or contraband into the City-County Building;
3. The I.D. Card will be used only by myself and shall not be loaned to any other person under any circumstances;
4. I will notify the Court Administrator's office immediately if there is a change in the status of my validity to practice law, or if the I.D. Card is lost or stolen,
5. I understand that the issuance of the I.D. Card is a privilege and not a right, and that the privilege may be revoked at any time, and
6. I understand that the violation by me of any of these conditions, and/or of the policies of the Court, may subject me to sanctions, including contempt of court and/or disciplinary proceedings.

I swear or affirm under the penalties for perjury that the above and foregoing information is true and correct, and that I will faithfully abide by the above Agreement.

Applicant Signature Date

Office Use Only
____Request Approved
____Request Denied for the following reasons

12-12-2011 updated

The fee of **Ten Dollars ($10.00)** must be paid at the time of the issuance of the I.D. Card. Payment may be made by personal or business check, cashier's check, or money order, made payable to "**Marion County Treasurer**."