

**SECOND JUDICIAL DISTRICT COURT
Nevada Attorney Identification Card Application Form**

APPLICANT INFORMATION

Date of Application:		Social Security #:	
Name (Last, First, MI):			
Date of Birth:	Place of Birth:	Driver's License No.	State Bar No.
Current address:			
City:		State:	ZIP Code:
Email Address			

CONDITIONS OF APPLICATION

I, the undersigned, understand and agree that submission of this application may subject me to a background check including a review of my criminal history records and discovery of any outstanding warrants and/or holds, and the results of the background check can and may be disclosed to appropriate authorities including, but not limited to, the Chief Judge of the Second Judicial District Court, Presiding Judges for Reno and Sparks Justice and Reno Municipal Court, and the Washoe County Sheriff.

I understand that this Nevada Attorney Identification Card (hereinafter "Attorney I.D. Card") is not a by-pass or Sheriff Security badge. I may use this Attorney I.D. Card to access the employee security screening station, if available, when entering at the facility.

I understand that this Attorney I.D. Card is issued to me personally, and I agree to assure its proper use, as stated in the attached Security Screening Policy for Attorneys, including, but not limited to:

1. Not allowing this card to be used by any other person;
2. Immediately notifying the Court Administrator's Office if my Attorney I.D. Card is lost or stolen and agree to pay \$25.00 replacement fee;
3. Return the Attorney I.D. Card to the Court Administrator's Office upon request;
4. Renew my Attorney I.D. Card yearly at the cost of \$25.00; and
5. Not bringing any weapon or contraband into a Court facility.

I attest, under penalty of perjury, that I have never been convicted of a gross-misdemeanor or felony, nor have I been arrested for any gross misdemeanor or felony, within the last ten (10) years.

APPLICANT SIGNATURE

	Date:
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APPROVING SIGNATURE (DISTRICT COURT ADMINISTRATOR)

	Date:
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**AUTHORIZING SIGNATURE
(CHIEF JUDGE OF THE SECOND JUDICIAL DISTRICT COURT)**

	Date:
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+++++COURT SECURITY USE ONLY+++++

Photo Identification:	Bar Verification:	Fingerprint Cards
Fingerprint Cards:	Payment: Amount:	DCA Signature:
CJ Signature:	Badge Completed:	Badge Received: