



## Hillsborough County Bar Association Court Access Card Application - **LEGAL SUPPORT**

### Save time and expedite your entry to the Courthouse with a Court Access Card!

1) Please complete this form and mail it with a copy of your valid driver's license and a check made payable to the HCBA to: Hillsborough County Bar Association, 1610 N. Tampa Street, Tampa FL 33602. **The amount is: (a) \$75.00 for first-time applicants, or (b) \$50 for cardholder renewals.** Additionally, please email your digital photo in .jpg format to [accesscard@hillsbar.com](mailto:accesscard@hillsbar.com). Your new card will be mailed to you in 7-10 days.

Or:

2) Please bring the completed form, your valid driver's license, and a check payable to the HCBA to: 1610 N. Tampa Street, Tampa FL 33602. **The amount is: (a) \$75.00 for first-time applicants, or (b) \$50 for cardholder renewals.** Additionally, please email your digital photo in .jpg format to [accesscard@hillsbar.com](mailto:accesscard@hillsbar.com), or your photo can be taken at the HCBA.

Please print clearly. All fields are **REQUIRED**.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name of Attorney/Firm of Employment: \_\_\_\_\_

Firm/Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a member of the Hillsborough County Bar Association? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the primary county in which you practice? \_\_\_\_\_

### **Paralegal / Legal Assistant / Legal Secretary / Professional Consultant in Trial or Proceeding**

Before the undersigned authority, personally appeared the Applicant who, after having taken an oath stated that he/she is over the age of eighteen (18) years, that the information provided above is true and correct, and that he/she is a practicing (insert profession) \_\_\_\_\_ and (a) is currently employed by the Attorney or Firm designated above, or (b) serves as a professional consultant or expert consultant in court proceedings.

\* Please attach a copy of the Applicant's certification or licensure to practice his or her respective profession, if applicable.

I certify and affirm that the Applicant has been engaged by me in the capacity described above within the past two (2) years in a Federal or State court proceeding in the United States of America.

Attorney (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_

State/Jurisdiction of Bar Admission \_\_\_\_\_ State Bar Number \_\_\_\_\_

### **Court Reporter**

Before the undersigned authority, personally appeared the Applicant who, after having taken an oath stated that he/she is over the age of eighteen (18) years, that the information provided above is true and correct, that he/she is a practicing Court Reporter in the State of Florida and that he/she is authorized to administer Oaths in the State of Florida.

\_\_\_\_\_  
Applicant's Notary Registration Number

\_\_\_\_\_  
Applicant's Notary Expiration Date

(APPLICATION CONTINUED ON REVERSE)

**NOTARY SEAL REQUIRED FOR ALL APPLICANTS**

Applicant Name (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

**ACKNOWLEDGED, SWORN AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year) who, (check one)**

\_\_\_\_\_ **is personally known to me, or**  
\_\_\_\_\_ **has produced a driver's license (issued by a State of the United States within the last five [5] years) as identification, or**  
\_\_\_\_\_ **has produced other identification, to wit:** \_\_\_\_\_.

**Affiant did take an oath.** \_\_\_\_\_

Print Name \_\_\_\_\_  
Commission No. \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

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I certify that as a condition of issuance of a Court Access Card by the Hillsborough County Bar Association ("HCBA"), I will not allow anyone else to use said card for access to the Hillsborough County Courthouse, nor will I bring into the courthouse articles prohibited by any statute, ordinance, regulation or policy of the state of Florida or the Court and/or the Hillsborough County Sheriff's Office, its officers, employees or agents. Specifically, I will bring no firearms into the courthouse. The Court Access Card does NOT exempt you from screenings and a weapons search. I agree to notify the HCBA promptly should my card be lost or stolen, misplaced, and/or if the information herein changes. I further certify that upon violation of these conditions I will voluntarily surrender said Card and will hold harmless and indemnify the Hillsborough County Sheriff's Office, the Court and the HCBA from any actions relating to any violation of these conditions.

I acknowledge and agree that access to the Hillsborough County Courthouse is subject to the policies and procedures that the Hillsborough County Sheriff's Office or the Court may adopt in its discretion. I further agree that the access card may be revoked or cancelled, or its benefits limited, by the Hillsborough County Sheriff's Office, the Court or the HCBA in its discretion. I release the Hillsborough County Sheriff's Office, the Court and the HCBA from any actions relating to said revocation, cancellation or limitation.

I understand that the HCBA, or its designate, may perform a Florida Department of Law Enforcement criminal history information and background investigation and hereby consent to the same. I understand and agree that the issuance of an Access Card is contingent upon the results of the criminal history information and background investigation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Check One:** \_\_\_\_\_ **First-time Applicant Fee \$75.00**      \_\_\_\_\_ **Renewal Applicant Fee \$50.00**

**Make Check Payable to:** Hillsborough County Bar Association (HCBA)

**Return Application, Copy of Driver's License, and Check to:** Hillsborough County Bar Association  
1610 N. Tampa Street, Tampa FL 33602

**Questions:** Please contact the HCBA by phone 813-221-7777 or email [accesscard@hillsbar.com](mailto:accesscard@hillsbar.com).

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**Office Use Only**

Photo ID Presented: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Fee Paid: \_\_\_\_\_