



SPOKANE
COUNTY BAR
ASSOCIATION

**REGISTERED PARALEGAL
APPLICATION
COURTHOUSE
SECURITY BADGE**

In order to process your application please complete the following:

Agreement to abide by the rules of the program as set forth in the agreement and return the Registered Paralegal Supervising Attorney Agreement and the agreement to the SCBA.

Background check to ACRAnet

Submit annual fee of \$68 to the SCBA

(After February 1st, the price will be prorated until the renewal date of August 31st.)

TO FINISH -- once you pass the background check by ACRAnet, they will notify Spokane County of your passing the background check. The SCBA office will then notify you to gain your badge at the Spokane County Risk Management Office, 1033 West Gardner Avenue (Mon 1-3 pm or Wed. 10 am – 12 noon).



AGREEMENT FOR COURTHOUSE ACCESS

This is an application by a registered paralegal 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 Courthouse Access Card:

1. I am an SCBA Registered Paralegal in good standard with the SCBA. Attach hereto is the completed Registered Paralegal Supervising Attorney Agreement.
2. I agree 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;
 - e. By the revocation of my SCBA registered paralegal status by the Spokane County Bar Association; or occurrence of any action, listed in the Spokane County Bar Association Paralegal Registration Procedure 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. I agree to sign a release authorizing a background check with ACRAnet and approval forwarded to Spokane County.
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.
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: _____

REGISTERED PARALEGAL SUPERVISING ATTORNEY AGREEMENT

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

I have agreed to supervise _____, pursuant to Spokane County Bar Association Paralegal Registration Procedure, and Declaration of Responsible Attorney in Support of Paralegal Registration.

The effective dates for my supervision period of the above-named Registered Paralegal 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

Signature of Supervising Attorney

Place of Signing

WSBA # _____

Firm Name _____

Address _____

Phone Number _____



Notice for Applicant/Employee

'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes

The undersigned applicant/employee is hereby notified that the Spokane County Bar Association may obtain an investigative consumer report for the issuance of Spokane County Court House Access Badges, which are physically issued through the Spokane County Risk Management Department, and processed by ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. The company may obtain Motor Vehicle Reports directly from the State DMV or DOL. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant's request for disclosure or such report was first requested by employer, whichever is the later. Applicant further authorizes the above named company to obtain an investigative consumer report through ACRANet for the issuance of badges at this time or anytime during the applicant's active membership. Applicant acknowledges, when investigation is complete, information will be shared with the Spokane County Risk Management Team in order to issue the Spokane County Courthouse Badge.

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: ____/____/____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue** _____

Signature: _____ **Date:** _____

NOTE:

The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRANet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

Exhibit “C”

Appendix A to Part 601

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, the CRA may charge you a fee, which shall not exceed the amount established by the Federal Trade Commission on January 1 of each year.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement if future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdate information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934--FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051