



**SPOKANE  
COUNTY BAR  
ASSOCIATION**

**Cost - \$68**

**2018 RENEWAL 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 # \_\_\_\_\_

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 standard with the WSBA. 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 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 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. I agree to sign a release authorizing a background check with ACRA net 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: \_\_\_\_\_

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

\_\_\_\_\_

Signature of Supervising Attorney

\_\_\_\_\_

Place of Signing

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

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

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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