



SPOKANE
COUNTY BAR
ASSOCIATION

RULE 9 / RULE 6 APPLICATION COURTHOUSE SECURITY BADGE

Complete and submit the following:

Agreement for Courthouse Access

WSBA APR 9/APR 6 Acceptance Letter

Supervising Attorney Agreement

Background Check

Fee

Member badges are \$99.00 (plus tax) for Rule 9's/Rule 6's with supervisors who are SCBA Members. **Rule 9/6 must be members to acquire a badge.**

*If you have resided in multiple counties in the last two years, an additional charge (usually between \$5 and \$125) will be assessed for each county/region (due to multiple county requests).

Please provide your social security and driver's license number **LEGIBLY**. A \$5.00 fee will be assessed if we have to resubmit either to the background checking agency.

Submit your application and payment via:

Email Service@SpokaneBar.org or

Mail SCBA 1116 W Broadway Ave, 4th FL Annex, Spokane, WA 99260

Once your application is approved,
you will receive an authorization form by mail with further instructions.



AGREEMENT FOR COURTHOUSE ACCESS

This is an application by a Rule 9 Legal Intern or a Rule 6 Law Clerk 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 active member in good standing with the WSBA.
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/Sheriff deputy, and/or a Spokane County Bar Association Executive.
 - a. For conduct equivalent to contempt of court;
 - b. For 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 any disbarment or suspension by the Washington State Bar Association, or any other State or Federal Bar Association;
 - f. By the conviction for any crime;
 - g. For failure to abide by the terms of this agreement; or
 - h. 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. Due to limited resources within Spokane County Risk Management, the SCBA is limiting availability of appointments. You must show up for your scheduled appointment with Risk Management. Only one rescheduled appointment will be allowed.
6. If my privilege is denied or revoked, the denial or revocation is reviewable by the Presiding Superior court Judge, courthouse Security Committee, and/or the Spokane County Bar Association's executives.
7. 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.
8. I agree I will be required to renew this pass annually and pay the current fee.
9. I understand the annual fee is subject to increase as set by the Spokane County Bar Association.
10. 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.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Dated: _____

Signed: _____

RULE 9 / RULE 6 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

WSBA # _____



NOTICE FOR COURTHOUSE BADGE APPLICANT

The undersigned applicant is hereby notified 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 process by ACRANet. Such reports 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 state DMV or DOL. Applicant/employee acknowledges that she/he is herein informed of her/his right to request within a reasonable period of time 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 the SCBA, whichever is later. Applicant further authorizes the SCBA 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.

PLEASE PRINT LEGIBLY

NAME: LAST FIRST MIDDLE JR/SR SS#* DOB*

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HOME PHONE # EMAIL DRIVERS LICENSE# / STATE

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FORMER NAME/MAIDEN – List All _____

HOME STREET ADDRESS CITY STATE ZIP

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OTHER HOME ADDRESS if less than two years at above address

HOME STREET ADDRESS CITY STATE ZIP

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SIGNATURE _____ DATE _____

*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.

The above information and attached exhibits presented are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent an understanding and interpretation of the amendments, which became effective 9/30/97 and 11/2/98. ACRANet Incorporated does not intend for this information and the related attachments to be construed as legal advice. ACRANet encourages all applicants to seek legal counsel.