

JUDICIAL CENTER IDENTIFICATION (JCID) APPLICATION

This application is for members of the Florida Bar and is issued pursuant to Administrative Order 2010-16.2.

Please complete this form and mail it to: Court Administration, ATTN: JCID Application, PO Box 48927, Sarasota, FL 34237 and if required, a check made payable to the Sarasota County Bar Association (SCBA). Once a background check has been completed, Court Administration will contact you to make an appointment to have your picture taken for your badge.

Annual renewals will be required for all attorneys paying a fee and there will be no proration of the fee for a partial year (i.e., **if your badge is issued on August 5th for example, the badge will expire on August 31 of the same year**). Court Administration will send a yearly reminder email to all paying applicants. The JCID badge for members of the SCBA age 62 or older will have an indefinite expiration date.

Application Fees:

\$25 Members of the Florida Bar who are members of the SCBA
\$35 Members of the Florida Bar who are not members of the SCBA
No charge Members of the Sarasota County Bar Association age 62 or older

Required information:

Full Name: _____
Firm Name: _____
Firm Mailing Address: _____
City/State/Zip: _____
Business Telephone: _____
Date of Florida Bar Membership: _____ State Bar Number: _____
Email address: _____

Required for background check:

Date of Birth: _____ SSN: _____
Sex: _____ Male _____ Female
Race: _____

Are you a member of the Sarasota County Bar Association? _____ Yes _____ No

I certify that as a condition of the issuance of a JCID badge, I will not allow anyone else to use the badge for access to the Judge Lynn N. Silvertooth Judicial Center for any other purpose, 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 Sarasota County Sheriff's Offices. Specifically, I will bring no firearms into the courthouse. The JCID badge does not exempt the bearer from screenings and a weapons search in the same manner as members of the general public. I agree to notify the Trial Court Administrator promptly should the card be lost, stolen, misplaced, or if probable cause is found against me for the violation of the Rules of Discipline of the Florida Bar. I further agree to hold harmless and indemnify the Sarasota County Sheriff's Office, the Court and their agents and employees from any actions or liability relating to the use of the JCID badge. Upon request of the Trial Court Administrator, I shall voluntarily surrender the JCID badge and acknowledge that the badge may be revoked or its privileges limited at any time for any reason without refund of the application fee.

I further acknowledge and agree that access to the Judge Lynn N. Silvertooth Judicial Center is subject to the policies and procedures as the Sarasota County Sheriff's Office or the Court may adopt and that the access card may be revoked or cancelled or its benefits limited by the Sarasota County Sheriff's Office or the Court.

Signature: _____ Date: _____

For Office Use Only:

Driver's License presented to: _____ (initials) Date of Issue: _____ Fee Paid: \$ _____