

**APPLICATION FOR ATTORNEY KEYCARD
ATTORNEY SECURITY-ACCESS AGREEMENT**

The undersigned is an attorney member of the Butler County Bar Association [BCBA]. The undersigned agrees to the below terms, to rules and policies issued by court administration, and to the rules and policies issued by the Butler Sheriff.

1. The attorney shall pay a biennial application fee of \$25.00, payable to the “Butler County Bar Association.” If paid through the BCBA website by card, the attorney shall pay the finance charge.
2. The attorney understands the keycard will permit the attorney to bypass court security checkpoints; and it permits access through “Attorney Access Level” doors in the Government Services Center courthouse. The attorney understands that briefcases, bags, and similar personal effects will be scanned at checkpoints.
3. The attorney may not under any circumstances loan a keycard to anyone—including staff. Nor shall an attorney who has been issued a card permit anyone else to access the “Attorney Access Level” doors when they do. i.e., they cannot permit someone else who does not have a card to follow through an access door with them.
4. The attorney must immediately report a lost keycard to the Manager of Court Administration at (513)785-6550 to enable deactivation of it. Once deactivated, the attorney may reapply for a second card through BCBA. There is an additional \$25.00 fee. Failure to notify the Manager of Court Administration of a lost keycard may result in the permanent loss of keycard privileges.
5. The attorney’s keycard privileges may be revoked by the BCBA upon the attorney’s failure to maintain his or her membership in the biennium. And it may be revoked by court administration or the Butler Sheriff for failing to follow this agreement or the rules for attorney-access doors or checkpoints.
6. Upon approval of this application, with consent from court administration and the Butler Sheriff, the Butler Sheriff shall issue the keycard to the attorney at its offices.

The undersigned attorney hereby agrees to abide by the terms of the Attorney Security-Access Agreement as acknowledged by his or her signature below.

Attorney Signature (Registration)

Date Signed

Attorney Name (print)

Business Phone

Business Address

E-mail

Cell Phone

**RETURN THIS FORM WITH \$25.00 TO THE BUTLER COUNTY BAR ASSOCIATION
AT 1501 FIRST AVENUE, MIDDLETOWN, OHIO 45044.**

BCBA USE ONLY

Application form and \$25 received date of: _____ Initial _____

Application reviewed and accepted date of: _____ Initial _____

(Notify applicant of acceptance or rejection of application)

Application form emailed to Manager, Court Administration
At: courtadmincal@bcOhio.gov

on the date of: _____ Initial _____

COURT ADMINISTRATION USE ONLY

Application received by Court Administration on the date of: _____ Initial _____

Application forwarded to Butler Sheriff on the date of: _____ Initial _____