

DENTON COUNTY ATTORNEY ACCESS CARD PROGRAM
Application

FORM MUST BE COMPLETED IN FULL AND EITHER PRINTED OR TYPED

Full Name as it appears on Texas Driver's License: John Doe

Full Name as it appears on State Bar Card (if different)

Home Address: 123 Walnut Drive

Firm/Employer: ABC Law Email: abclaw@gmail.com

Office Address (Physical): 123 Law Lane

Office Phone: 000-000-000 Facsimile: Cell Phone:

Home Phone: 000-000-000 Date of Birth: 1/1/1980 TX DL No: 12345678

State Bar Card No.: 9101121 Date Licensed in Texas: 1/1/2010

Type of practice at the Denton County Courthouse: Criminal Civil Both

Are you currently in good standing with the State Bar of Texas? Yes No

Do you have prior criminal convictions, pending criminal charges or previous or active protective orders? Yes No

I understand and agree to the DENTON COUNTY ATTORNEY ACCESS CARD PROGRAM Conditions and Procedures. I agree that the Denton County Bar Association and Denton County Sheriff's Department may conduct a background check on me. I have kept a copy of the Conditions and Procedures as well as this Application for my records. I have attached copies of my driver's license, State Bar Card and DPS criminal history search. I agree to promptly inform the Denton County Bar Association and Denton County Sheriff's Office of any changes to the information submitted in this Application. I further agree to notify the Denton County Bar Association and the Denton County Sheriff's Office within five (5) business days of any disciplinary, legal, or law enforcement action taken against me other than Class C misdemeanor traffic violations and civil lawsuits filed against me. I also understand and agree that the duty to notify applies to any civil protective order proceeding in which I am a party.

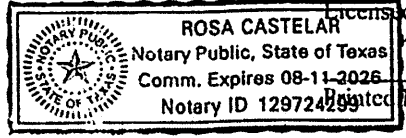
I hereby affirm that all the information provided on this Application is true and correct to the best of my knowledge.

John Doe
Signature of Applicant/Attorney

Sworn and subscribed to before me by the said applicant on this the 24 day of March, 2023

My Commission Expires: 8/11/2026

Rosa Castelar
Licensed Texas Peace Officer or Notary Public
Notary Public, State of Texas
Comm. Expires 08-11-2026
Notary ID 129724299
Rosa Castelar



The Attorney Identification Cards are the property of the Denton County Sheriff's Office. Upon request by the Denton County Sheriff's Office, Sheriff's Office designee, the Executive Director of the Denton County Bar Association, or any member of the Denton County Judiciary, an attorney must surrender the Attorney Identification Card to the Denton County Sheriff's Office, the Executive Director of the Denton County Bar Association, or any member of the Denton County Judiciary.

Any person who confiscates an Attorney Identification Card for any reason, other than expiration of the Card, shall provide the attorney with a handwritten receipt and shall complete an administrative report, a copy of which shall be mailed to the attorney's office address of record within fifteen days. An attorney may appeal confiscation, in writing, to the Captain of the Denton County Sheriff's Office Special Services Division within five calendar days of the confiscation. The decision of the Denton County Sheriff's Office is appealable to a panel comprised of three people determined by the Courthouse Security Committee.

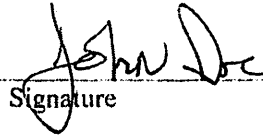
Replacement Cards

Lost or stolen cards must be reported immediately to the Denton County Sheriff's Office and the Executive Director of the Denton County Bar Association in person, by phone to (940) 349-2343, or e-mail at AttorneyAccess@dentoncounty.com. A replacement card will be issued for a fee set by the Denton County Commissioner's Court (LGC 291.010) for the replacement of a lost or stolen card.

By signing below, you attest that you have read, understand and agree to be bound by the Denton County Access Program Conditions and Procedures.

John Doe

Printed Name



Signature

3-24-2023

Date

Affidavit

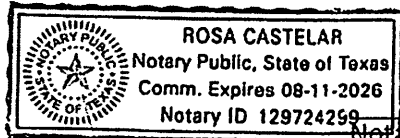
BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared John Doe who, being by me duly sworn, on oath deposed and stated as follows:

"My name is John Doe. My State Bar number is 91011124. I am executing this document to verify that I have not had any arrests or law enforcement contact in the past year and that nothing has changed in my criminal history since the time of application for the Denton County Attorney Access program.

SIGNED this 24th day of March 2023

John Doe
Name of Renewal Applicant

SUBSCRIBED AND SWORN TO BEFORE ME this 24th day of March 2023



Rosa Castelar
Notary Public in and for the State of Texas

My Commission expires: 8-11-2026