

**DENTON COUNTY ACCESS PROGRAM**  
**ATTORNEY IDENTIFICATION CARD**  
Conditions and Procedures

**Program**

The Denton County Attorney Identification Access Card allows an attorney to have limited security bypass privileges at the main Denton County Courthouse during normal business hours. The Attorney Identification Card is meant to expedite an attorney's clearance through Denton County security screening, thereby enhancing our justice system's level of service. This is a privilege, not a right, extended to the attorneys by the Sheriff, the Commissioners, and other elected officials in Denton County. Access privileges are only provided to attorneys who present their Attorney Identification Card upon entry to the main Denton County Courthouse. This privilege is not extended to the attorney's employees, agents or representatives. The authorized attorney has the responsibility not to allow others to follow them through the electronic turnstile (i.e., piggy-backing or coat-tailing). Any unauthorized entry or attempted unauthorized entry into a secured area shall be immediately reported to courthouse security personnel and will result in *immediate termination* of the attorney from the Attorney Identification Card program.

On occasion, circumstances at the main Denton County Courthouse or elsewhere may prompt a heightened security level. Should these circumstances occur, the Sheriff may, in his sole discretion, temporarily suspend all security privileges associated with the Attorney Access Card.

The Attorney Identification Card must be worn on the front of the attorney's body, between the neckline and waist, with the attorney's photograph clearly visible when entering the building. Attorneys will move slowly through the electronic turnstile and be acknowledged by law enforcement or security personnel for clear passage. A cardholder that cannot produce an Attorney Identification Card at the point of entry will have to go through the normal screening process as if he/she did not have Attorney Identification Card privileges.

**Application Process**

Attorneys interested in a Denton County Attorney Identification Card shall:

- 1) Print off their criminal history report (all pages) from the Texas Department of Public Safety website at [http://www.txdps.state.tx.us/administration/crime\\_records/pages/index.htm](http://www.txdps.state.tx.us/administration/crime_records/pages/index.htm)
- 2) Download and complete the Attorney Identification Card Application from [dentonbar.com](http://dentonbar.com)
- 3) Make copies of their Texas driver's license and State Bar Card,
- 4) Take the completed Application, with copies of driver's license, State Bar Card, and DPS criminal history report to the office of Denton County Bar Association, 1504 E. McKinney St., Denton, TX 76209 and pay the Application fee.
- 5) The Denton County Bar Association will confirm good standing with the State Bar of Texas.
- 6) The Denton County Bar Association will submit the Application and supporting documents to the Denton County Sheriff's Office at the e-mail address: [AttorneyAccess@dentoncounty.com](mailto:AttorneyAccess@dentoncounty.com) for approval.
- 7) After approval of the Application, the applicant will be notified via e-mail when to appear, **in person**, at the Denton County Sheriff's Office located in the main Denton County Courthouse, 1450 E. McKinney St., Denton, TX 76205 for further processing, which may include photographs and fingerprinting.
- 8) The Denton County Sheriff's Office will issue the Attorney Identification Card.

## **Eligibility**

- 1) An Applicant must be a member in good standing of the State Bar of Texas.
- 2) An Applicant must live and work in Denton County or its contiguous counties with a demonstrated need for access that bypasses security screening.
- 3) An Applicant may be ineligible for the Attorney Identification Card if he or she has any State Bar action resulting in suspension of the attorney's license, including probated suspension.
- 4) An Applicant may be ineligible for the Attorney Identification Card if he or she has a conviction or arrest for any offense, including but not limited to, the following:
  - a. Felony or misdemeanor assaultive offenses
  - b. Protective order issued for family violence
  - c. Sexual Assault offenses and other related sexual related crimes
  - d. Weapons offenses will be closely scrutinized
  - e. Current pending criminal charges
  - f. History of misconduct

The Denton County Sheriff's Office shall conduct an additional background check on Applicant in the following areas and at the following levels: NCIC/TCIC and LOCAL RECORDS. If the Sheriff's Office determines the applicant to be a security risk, a card will not be issued. The Sheriff's Office decision to deny a card is appealable to a panel comprised of three people determined by the Courthouse Security Committee.

## **Fees**

The Application fee is payable to the Denton County Bar Association and is due when the Application is submitted to the Denton County Bar Association office. All Application fees, renewal fees, replacement card fees, etc., for an Attorney Access Card is set by the Denton County Commissioner's Court (LGC 291.010). The fees will not be prorated. The Application fee is not refundable if the Card is denied or terminated.

## **Term of Privilege**

The Attorney Access Card is valid for the year of issue through April 30 of the following calendar year.

## **Renewal**

Prior to renewal, Applicants must submit a sworn renewal Application and fee to the Denton County Bar Association stating that no incident has occurred since the last Application or renewal which causes the Applicant to become ineligible. The Denton County Bar Association will confirm good standing with the State Bar of Texas. The Sheriff's Office will run a new background check on the Applicant at the time of renewal. No new Attorney Identification Card will be issued.

## **Revocation/Suspension/Surrender of Card & Appeal**

Violations of the Denton County Attorney Access Card Conditions and Procedures may result in the suspension or revocation of privileges under the Attorney Identification Card program.

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](mailto: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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Firm/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Office Address (Physical): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ TX DL No: \_\_\_\_\_

State Bar Card No.: \_\_\_\_\_ Date Licensed in Texas: \_\_\_\_\_

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.”

\_\_\_\_\_  
Signature of Applicant/Attorney

**Sworn and subscribed to** before me by the said applicant on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Licensed Texas Peace Officer or Notary Public

\_\_\_\_\_  
Printed Name

**FOR DCBA USE ONLY:**

APPLICATION/RENEWAL/REPLACEMENT FEE OF \$\_\_\_\_\_ PAID BY:  CASH or  CHECK #\_\_\_\_\_

DATE:\_\_\_\_\_ Submitted to DCSO by:\_\_\_\_\_ APPROVED BY: \_\_\_\_\_