



LACKAWANNA BAR ASSOCIATION

APPLICATION FOR ATTORNEY COURTHOUSE ACCESS IDENTIFICATION CARD

Attorney Name: \_\_\_\_\_

PA Attorney Supreme Court ID #: \_\_\_\_\_

Do you currently hold an active status license to practice law in the Commonwealth of PA?
Yes \_\_\_\_\_ No \_\_\_\_\_

Law Firm: \_\_\_\_\_

Professional Address: \_\_\_\_\_

Office Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you a full active member in good standing of the Lackawanna Bar Association? (This includes YLD member)
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of, entered a plea of guilty or no contest or been admitted into a diversionary program for a misdemeanor or a felony criminal offense?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Information provided may be subject to a background check by the Lackawanna County Sheriff's Office.

Do you currently possess a permit to carry a concealed weapon pursuant to the laws of the Commonwealth of PA or any other federal, state or municipal authority?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who is the issuing authority? \_\_\_\_\_ Permit #: \_\_\_\_\_

Are you currently a defendant in a criminal proceeding in any jurisdiction or a party to a Protection from Abuse (P.F.A.) action?
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Provide Docket # of Proceeding \_\_\_\_\_

I understand that it is my responsibility to inform the Lackawanna Bar Association of any changes in the above referenced information.

I hereby acknowledge receipt of the "Regulations Associated with Attorney Courthouse Access Identification Card".
Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that the statements and information made in this application are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA. C.S.A. §4904 relating to unsworn falsification to authorities.
Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REVEIWED BY:

LBA
APPROVED: \_\_\_\_\_ (Initials)
DENIED: \_\_\_\_\_ (Initials)
DATE: \_\_\_\_\_

LBA Courthouse Access Committee
APPROVED: \_\_\_\_\_ (Initials)
DENIED: \_\_\_\_\_ (Initials)
DATE: \_\_\_\_\_

Lackawanna Sheriff's Office
APPROVED: \_\_\_\_\_ (Initials)
DENIED: \_\_\_\_\_ (Initials)
DATE: \_\_\_\_\_