Date:

Paid by: ____ Check #

_____ Credit Card

_____ Cash

ARDC check:

300 Grand Ave | Waukegan, IL 60085
(847) 244-3143

# Attorney Access Pass

The *Attorney Identification Cards* is available to all Illinois licensed attorneys. The ID card is a voluntary program and allows holders to enter the North entrance of the Waukegan - Lake County Courthouse without having to remove coats, heavy garments or belts while maintaining the highest level of security for the facility. Additionally the cards will permit the bearer to advance to the front of the line at the South entrance of the Waukegan Courthouse and all branch courts.

All applicants must pay an initial $25.00 processing fee and undergo an application process, including verification of good-standing with the Illinois Supreme Court before being provided with designated *Attorney Identification Card*.

*Attorney Identification Cards* are issued on an annual basis, July 1 - June 30, and must then be renewed. To apply for a renewal or receive a replacement card, applicants must follow the same procedures and pay renewal fee.

Only the person whose name and photo appear on the *Attorney Identification Card* may use the card for access to the courthouse.

Persons who have been issued an ID card and who are a named party in a case being heard in the 19th Judicial Circuit may NOT use the ID card for access until that case is closed.

All applicants must appear in person to both apply for and pick up the completed card.

Please bring the following to the Lake County Bar Association when applying for the card.

- **$25.00** - by cash, check or money order (payable to Lake County Bar Association) - or - credit card (Visa, MasterCard, Discover or American Express) ($1.50 Processing fee applies when paying via credit card);
- **Attorney registration identification card** - (must be for the current registration cycle); and
- **One (1) form of photo ID** to verify identity. Acceptable forms of ID are valid passport, driver's license, other government issued or employer-issued ID.

**PLEASE PRINT AND SIGN**

First Name _____ Middle Name _____ Last Name _____

ARDC # _____

Firm _____

Address _____

City_____State_____ZIP _____

Telephone_____E-mail _____

Cell Phone (optional, used for emergency courthouse text notifications) _____

Signature_____Date _____