

**SUBSCRIBER APPLICATION FOR SECURE REMOTE ACCESS TO CIVIL AND CRIMINAL COURT RECORDS
ARLINGTON COUNTY CIRCUIT COURT CLERK'S OFFICE
PAUL F. FERGUSON, CLERK**

This Subscriber Application must be completed by either an active member of the Virginia Bar or an attorney admitted *pro hac vice* in a case currently pending in the Arlington County Circuit Court.

A copy of the Virginia State Bar card or court order authorizing *pro hac vice* admission is required.

The approval of this application is at the sole discretion of the Clerk of the Arlington County Circuit Court. In signing this application, Applicant agrees to be bound, individually and, if the application is on behalf of a staff person directly supervised by that attorney, in a representative capacity on behalf of the staff person, to the terms and conditions set forth in the Arlington County Circuit Court Secure Remote Access User Agreement.

All information is mandatory.

APPLICANT'S FULL NAME: _____
LAST FIRST MIDDLE INITIAL

EMAIL ADDRESS: _____

VSb NUMBER (or Case Name/Number for Attorneys admitted *pro hac vice*) _____

FULL NAME OF AUTHORIZED
STAFF PERSON USING ACCOUNT: _____
LAST FIRST MIDDLE INITIAL

AUTHORIZED STAFF PERSON EMAIL ADDRESS: _____

LAW FIRM OR GOVERNMENTAL AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OFFICE PHONE NUMBER: _____ CELL PHONE NUMBER: _____

I HEREBY ACKNOWLEDGE AND AFFIRM THAT THE INFORMATION SET FORTH HEREIN IS TRUE AND CORRECT.

APPLICANT SIGNATURE: _____

City/County of: _____ State of: _____

I, _____, a Notary Public or Deputy Clerk, do hereby certify that on this ___ day of _____, 20___, _____ personally appeared before me and acknowledged and/or affirmed, under oath and penalty of law, that the statements contained herein are true and correct.

My Commission Expires: _____
Notary Public or Deputy Clerk

Commission Number: _____
Print Name and Phone Number of Notary