



OFFICE OF THE SHERIFF

Chesterfield County, Virginia

Karl S. Leonard, Sheriff



From: Sheriff Karl S. Leonard

Date:

SUBJECT: Attorney Access Card Request

Thank you for your interest in this program. Please complete and sign this form indicating you have reviewed the instructions and terms and conditions in order to receive your access card. Once we receive and process your completed application, we will contact you with a time and date to complete the issuance process.

Terms and Conditions

- (1) The Sheriff's Office may suspend this privilege at any time, with or without notice.
- (2) Attorneys may still be required to produce identification in addition to the issued ID card.
- (3) You and/or your possessions remain subject to screening prior to entering the Courthouse.
- (4) Issuance is on a first-come, first-served basis. Processing may take 30 minutes.
- (5) If you fail to appear at the agreed upon date/time for card issuance, rescheduling will be at the convenience of the Sheriff's Office.

Required Information

Name:

Last: _____ First: _____ Middle/Maiden: _____

Race: ____ Sex: ____ DOB: _____ SSN: _____ State Bar Number: _____

Home Address: _____

Work Phone: _____ Work Fax: _____

E-Mail Address: _____

D.L. Number: _____ State Issued: _____ Date Expires: _____

Signature Date

Administrative Use Only

Approved: _____ **Disapproved:** _____ **Sheriff's Office Representative:** _____

Date: _____ **Issued Date:** _____ **Card Number:** _____ **Issued by:** _____

Rcvd Signature _____