

Johnson County, Indiana
Attorney Identification Card Application

Johnson County's Attorney Identification Card Program is intended to expedite attorney access into the Johnson County Courthouse, Johnson County North Annex, and Dickinson Juvenile Justice Center ("Court Buildings"). To obtain an Identification Card, please complete this form and mail or deliver to: Johnson County Commissioners, 86 West Court Street, Franklin, IN 46131, or email to: commissioners@co.johnson.in.us. Once your application is received, you will be notified of the day and time on which you can get your picture taken and pick up your Identification Card.

First Name: _____ MI: ____ Last: _____

Law Firm Name: _____

Firm Mailing Address: _____

City: _____ State: ____ Zip: _____ Work Phone: _____

Email Address: _____

Date of Birth: _____ Attorney #: _____ State: _____

I certify that as a condition of issuance of an Attorney Identification Card by Johnson County, Indiana, I will not allow anyone else to use said Card for access to the Court Buildings, nor will I bring into the Court Buildings articles prohibited by any statute, ordinance, regulation, or policy of the State of Indiana or Johnson County. Specifically, I will not bring firearms, weapons, or other contraband into the Court Buildings. I consent to a weapons search of my person or possessions by security or court personnel as requested. I agree to notify the Court Administrator promptly should my card be lost or stolen, or if there is a change in the status of my validity to practice law. I further certify that upon violation of these conditions, I will voluntarily surrender said Card and will hold harmless and indemnify Johnson County, Indiana from any actions relating to any violation of these conditions.

I understand that the issuance of the Identification Card is a privilege, and that the privilege may be revoked at any time. I understand that the violation by me of any of these conditions, and/or of the policies of the Court, may subject me to sanctions, including contempt of court and/or disciplinary proceedings.

I swear or affirm under the penalties for perjury that the information contained herein is correct, and that I will faithfully abide by the above conditions.

Signature: _____

Date: _____