

COURTHOUSE SECURITY PASS APPLICATION

Pass period runs through July 31, 2021 at designated courthouses. All terms are subject to change without notice.



PLEASE PRINT

Name: _____ M _____ F _____

Firm Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ E-mail address: _____

I am applying for (please mark one):

KCMBA MEMBER: New Pass (\$50) Pass Renewal (\$30) Pass Replacement (\$20)

KCMBA NON-MEMBER: New Pass (\$100) Pass Renewal (\$75) Pass Replacement (\$40)

CERTIFICATIONS, CONDITIONS AND REQUIREMENTS

I certify I am a licensed attorney in good standing in the following state(s):

State _____ Bar No.: _____ Year admitted _____
State _____ Bar No.: _____ Year admitted _____

Because I am an officer of the court, I will conduct myself accordingly in regard to all security matters that are required by the Sheriff's Department, Kansas City Police Department and Kansas City City Security, to ensure a safe and secure environment at the court facilities. I understand that by agreeing to these conditions and requirements, including the following, I am entitled to bypass the security screening equipment *subject to random security screenings* or utilize designated security screening lines or protocol, in designated courthouses:

- I agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item then I will be refused entry; I will be subject to confiscation of the weapon/firearm and I will be subject to arrest and prosecution;
- I further agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item, my KCMBA Courthouse Security Pass will be immediately and permanently deactivated and revoked and I will not be eligible to have my Pass reinstated at any time;
- I will notify KCMBA should the pass be lost or stolen;
- I will notify KCMBA if my license is suspended, revoked or I am no longer authorized to practice law;
- I will present the pass for inspection by a Security Officer at any time;
- I will not give, transfer or loan the pass to any other person;
- I will comply with Mo. Rev. Stat 571.030, 571.107, Jackson County, MO Code §5534.4, and all other applicable statutes, regulations and ordinances prohibiting the carrying of a knife, a firearm (concealed or openly carried), a blackjack or any other weapon or material readily capable of lethal use into any municipal, circuit, appellate or supreme court, any courtroom or Jackson County owned, leased or controlled building;
- I will surrender the pass when requested to do so by any Officer of the Sheriff's Security Division, Kansas City Police Department, Kansas City City Security, or KCMBA for violation of said provisions;
- I understand that this security pass is a privilege granted to me because I am an officer of the court, but that it may be revoked if I do not abide by the terms and conditions provided herein. I understand my security pass will become deactivated if KCMBA receives notice of my suspension or disbarment.

Signature of Applicant: _____ Date: _____

PAYMENT DETAILS Amount \$ _____ Type of Payment: CASH CHECK# _____

Credit Card: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Card No. _____ Expiration date _____

Name on Card _____ CSC _____

TO BE COMPLETED BY KCMBA STAFF ONLY

Card # _____

iMIS ID # _____

- Verify form completed
- Verify state licensure & good standing
- Verified current KCMBA member for discount
- Identity confirmed (in person/via Zoom)
- Valid picture ID & bar card scanned/screen shot

- Misc. field updated in iMIS
- Payment entered in check register/passed along for entry
- Form scanned/given to accounting
- Full application (& all documents) saved to file
- Above actions by _____ date _____
- Security pass computer updated
- Email to Court for activation by _____ date _____