

**Application for Access to the City of Portsmouth Clerk of Circuit Court
Officer of the Court Remote Access Site (OCRA)**

Officer of the Court Subscriber

Application is hereby made, pursuant to Virginia Code §17.1-293(E), for access to the City of Portsmouth Clerk of Circuit Court Officer of the Court Remote Access Site (OCRA). The **approval** of this application is at the **Clerk of Circuit Court's discretion**. Please note that the Authorized Officer must be a member of the Virginia State Bar in good standing.

Authorized Officer's Name¹: _____

Business Address: _____

E-mail Address: _____

(will be used as your username)

Virginia State Bar Number: _____

Phone Number: _____

Please select an access type (this will apply to all users):

Criminal only Civil Criminal and Civil

Do you have a Taxpayer Identification Number (TIN) assigned by the Internal Revenue Service?

Yes No (Please check one)

Signature: _____

I certify that the information above and attachment (list of users) are true and correct.

City/County of: _____ State of: _____

I, _____, a Notary Public, do hereby certify that on this ____ day of
(Name of Notary)

_____, 20____, _____ personally appeared before me and swore and
(Name of Applicant/Subscriber)

acknowledged that the statements contained herein are true and correct.

My commission expires: _____

Notary Public

Commission ID #: _____

Name and phone number of Notary: _____

For Use by Circuit Court Clerk's Office Only:

Application received date: _____

Notification result: _____

Notification date: _____

[NOTARY SEAL]

¹A list of support staff users will need to be completed on the next page.