



Watauga County Courthouse Restricted Access Agreement

The purpose of this agreement is to set forth the terms and conditions under which access is provided to the Watauga County Courthouse Lobby. By signing below, the recipient agrees to all conditions, restrictions, and requirements and assumes responsibility for the access card. The fee for the initial access card shall be **\$10.00**; the replacement of a lost, stolen, or damaged card shall be **\$25.00**.

In order to be eligible for an access card, an individual must be a member in good standing with the North Carolina State Bar and a member of the Watauga County Bar Association. A valid State Bar member number must be provided and subsequently verified by the District Attorney's Office.

The holder of the access card shall agree and abide by the following terms and conditions:

1. The access card is the property of Watauga County and may be suspended or terminated by the County Manager or his designee at any time, with or without notice, for any reason.
2. The access card is for the sole use of the individual to whom the card was issued. At no time shall anyone other than the authorized card holder use the card for access to the facilities. Any violation of this requirement will result in immediate termination of access privileges. Furthermore, access granted to the card holder is limited to District Attorney and Judicial offices only.
3. Upon inability to meet the required conditions for access, the card holder agrees to notify the District Attorney's Office or Sheriff's Office immediately, and acknowledges that access rights will be promptly terminated.
4. In the event a card is lost, the holder of the card shall immediately notify the Watauga County Sheriff's Office and the District Attorney's Office. The card holder is responsible for all associated costs, including the \$25.00 replacement fee.
5. Failure to comply with these terms may result in revocation of access privileges and may be considered a breach of the attorney's ethical duties under the North Carolina State Bar rules.

North Carolina State Bar #

Signature – Card Holder

Date

Contact Phone Number

Printed Name – Card Holder

THE DISTRICT ATTORNEY'S OFFICE MUST COMPLETE THIS SECTION PRIOR TO SUBMISSION:

Signature

District Attorney's Office Representative

Printed Name

District Attorney's Office Representative

Date

Submit Completed &
Signed Form along
with Payment To:

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† M o o
Boone, NC 28607
828-26 -

*Mrs. Adams will contact you to schedule
time for your photo and to issue your card.*

ADMINISTRATION USE ONLY:

Assigned Access Card Number