

# **EXHIBIT**

**2**



## Brazoria County Courthouse Access Card Application Individual Assisting Disabled Attorney



Completed applications may be submitted by emailing to [CH.Security@brazoriacountytx.gov](mailto:CH.Security@brazoriacountytx.gov). Applicants will receive email confirmation upon receipt of completed applications. A \$15 charge must be paid for replacement cards. Once an eligibility determination is made, the Brazoria County Sheriff's Office Court Security Unit will notify the applicant.

This application is for:

- New Access Card    Renewal of Access Card    Replacement Card (Lost or Stolen)

If application is for a replacement card, please explain how card was misplaced:

Firm/Employer:

Last Name:  First Name:  Middle Init.:

Date of Birth (mm/dd/yyyy):  Race:  Sex:

Office Address:

City:  State:  Zip:  County:

Driver's License #:  Texas Concealed Handgun License #:

Office Phone #:  Cell Phone #:

Email Address:

Name of Attorney you are Assisting:

Describe Nature of Attorney's Disability Necessitating Issuance of Access Card:



Do you have any prior criminal convictions (other than a Class C misdemeanor), pending criminal charges, or past or active protective orders?  Yes  No

If "Yes," explain:

"I, \_\_\_\_\_ (Applicant Name), have received a copy and agree to terms of the Brazoria County Courthouse Attorney Access Card Policy. I agree and consent to a background check to be conducted by the Brazoria County Sheriff's Office for the purpose of determining whether I am eligible to participate in the Attorney Access Card Program. I agree to immediately inform the Brazoria County Sheriff's Office Court Security Unit in the event any information in this application changes or in the event that an Attorney Access Card issued to me is lost or stolen."

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed to me by the said Applicant on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
Licensed Notary Public or Texas  
Peace Officer

\_\_\_\_\_  
Printed Name

"I, \_\_\_\_\_ (Attorney Name), request that \_\_\_\_\_ (Applicant Name) be issued an Access Card to assist me by accompanying me while I bypass security screening while entering the Brazoria County Courthouse. I agree to abide by the terms of the Brazoria County Courthouse Attorney Access Card Policy related to the issuance and use of the Access Card to the above-named individual."

\_\_\_\_\_  
Signature of Attorney