

APPLICATION FOR ACCESS TO RECORDS MANAGEMENT SYSTEM AND CASE IMAGING SYSTEM– NORFOLK CIRCUIT COURT

The approval of this application is at the Clerk of the Circuit Court’s discretion. By signing this application the Subscriber acknowledges and accepts the terms and conditions of the Subscriber Agreement for Internet Access to Circuit Court Documents as incorporated by reference herein.

**Make checks payable to:
Norfolk Circuit Court Clerk**

Subscriber Last Name: (required) _____

Subscriber First Name: (required) _____

Business Name: (optional) _____

Street Address: (required) _____

City/State/Zip: (required) _____

Phone Number: (required) _____

Email Address: (required) _____

VSF Number: (required for group 2 access) _____

Authorizing Attorney Name: (print) _____

Authorizing Attorney Signature: _____

United States Citizen: (required) Y N

If you are a non-attorney and you are applying for Group 2 access, you must provide the VSB number of your supervising attorney and this application must have his / her signature authorizing access. The Clerk’s Office will assign an “Authorized Officer of the Court” number upon approval of this application.

I am requesting access to the following areas:

Group 1

- | | | |
|------------------------|-----------------------|-----------------------|
| Deeds and Land Records | Financing Statements | General Miscellaneous |
| Marriage Licenses | Wills and Fiduciaries | Judgments |

Group 2

- | | |
|---------------------|------------------|
| Criminal Case Files | Civil Case Files |
|---------------------|------------------|

Group 1 - \$500.00 per year or \$50.00 per month
 Group 2 - \$500.00 per year (only available as an annual subscription)

All Group Access - \$900.00 per year (only available as an annual subscription)
 NPBA Members – Group 2 Access – \$200.00 per year (verification of membership required)

Signature: _____

I certify that the information above is true and correct.

I, _____ a Notary Public, do hereby certify that on this _____ day of _____, 20____, _____ personally appeared before me and swore and acknowledged to me that the statements contained herein are true and correct.

Notary Public, City/County of _____

Name, Typed or printed: _____

My Commission Expires: _____

Notary Telephone Number: _____