

**CLERK'S OFFICE OF THE COUNTY OF BLAND CIRCUIT COURT
LISA A. HALL, CLERK**

**APPLICATION FOR REMOTE ACCESS TO BLAND COUNTY CIRCUIT COURT CASE IMAGING
SYSTEM (OCRA)**

This application must be completed by each individual user for access to case documents. A non-attorney applicant must be a directly supervised staff member of an Attorney who is an active Subscriber. The supervising Attorney must also sign this application. If you are a current subscriber to OCRA in another Circuit Court, you must furnish your user ID and Password below. The Supreme Court of Virginia only allows one username/password combination for subscribers to OCRA.

The approval of this application is at the Clerk of the Circuit Court's discretion. **All information below is mandatory (print clearly)**

APPLICANT'S LAST NAME: _____

APPLICANT'S FIRST NAME: _____

GOVERNMENTAL AGENCY (IF APPLICABLE): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

VSJ NUMBER OF SUPERVISING ATTORNEY OR ATTORNEY APPLICANT: _____
(Include a copy of your Virginia State Bar card)

UNITED STATES CITIZEN: () YES () NO

NAME OF ACTIVE ATTORNEY SUBSCRIBER BY WHOM YOU ARE DIRECTLY SUPERVISED:

ARE YOU A CURRENT SUBSCRIBER TO OCRA IN ANOTHER COURT? () YES () NO

IF YES PROVIDE YOUR: **USER ID** _____ **PASSWORD** _____

I certify that the information above is true and correct.

APPLICANT SIGNATURE: _____

SIGNATURE OF SUPERVISING ATTORNEY: _____

City / County of: _____

State of: _____

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

My Commission Expires: _____ _____

Commission Number: _____ _____

Notary Public or Deputy Clerk

Print or Type Name and Phone # of Notary

For use by the Circuit Court Clerk's Office Only

SUBSCRIBER'S USER ID : _____ PASSWORD _____ EXPIRATION DATE: _____

Mail this completed application with payment to:

**Clerk of the Circuit Court
Attn: OCRA Subscription
Post Office Box 295
Bland, VA 24315**

Make checks payable to: Bland County Circuit Court

The Subscriber's ID, password and expiration date with instructions will be e-mailed to you if approved.

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