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 <u>each individual user</u> 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: _____

VSB 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: _____ _____
Notary Public or Deputy Clerk

Commission Number: _____ _____
Print or Type Name and Phone # of Notary

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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.