

IMPORTANT INFORMATION

Per Administrative Order 2018-009 PA-CIR, the Court Complex Express Entry Program has been established to provide attorneys who have their principle office in the 6th Judicial Circuit with express access to the Judicial Centers in Pasco County, while continuing to maintain appropriate security procedures. The PCID cardholder must display his or her card at all times when entering or exiting a Pasco County Judicial Center/Courthouse. Weapons are NOT allowed inside any Pasco County Judicial Center/Courthouse.

INSTRUCTIONS - Submit to PSO Human Resources ♦ 8700 Citizen Drive, New Port Richey, FL 34654 ♦ (727) 844-7791

1. A completed request form with acknowledgement of disqualifiers listed on Page 2.
2. A completed Statement of Purpose for Collection of Social Security Numbers (PSO# 20215).
3. A copy of the applicant's driver's license, social security card, and FL Bar Membership.
4. A check or money order in the amount of \$30.00 (non-refundable) payable to the Pasco Sheriff's Office (to cover our processing fees).

PLEASE PRINT OR TYPE AND PROVIDE ALL INFORMATION REQUESTED

Last Name: _____ First Name: _____ M.I.: _____

Please list any other names you have used, (i.e. maiden, married, etc).

Name(s): _____ Reason: _____ Date From: _____ To: _____

Name(s): _____ Reason: _____ Date From: _____ To: _____

Sex: _____ Race: _____ Date of Birth: ____/____/____ Hair Color: _____ Eye Color: _____ Ht: _____ Wt: _____

FL Driver's License#: _____ SS#: _____ FL Bar #: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Contact Telephone#: _____ Email Address: _____

Name of Law Firm: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mail PCID card to me at the address shown above (certified mail/return receipt requested).

I prefer to pick up the PCID card in Human Resources and authorize that the card may be given to my representative identified below:

Authorized Representative: (PLEASE PRINT) _____

I am requesting to be issued a PCID card by the Pasco Sheriff's Office. I practice in the 6th Judicial Circuit and I am a member of the Florida Bar, in good standing. I understand I must immediately report the theft or loss of the issued PCID card to the Pasco Sheriff's Office Human Resources Section, in writing. I understand the information contained on this form is public record under Florida State Statute 119. I understand PCID cards may be revoked at anytime at the discretion of the Sheriff, and PCID cards expire one year from the date of issuance. I understand I will be responsible for re-applying for a current card at that time. By completing and signing this form, I agree to all of the stipulations included in Administrative Order 2018-009 PA-CIR.

Attorney: _____ Signature: _____ Date: _____
(Please Print)

Court Security Approved Denied Signature: _____ Date: _____

PCID Card Received by:
Signature of Attorney or
Authorized Representative: _____ Signature: _____ Date: _____
(Please Print)

Pasco Sheriff's Office Human Resources use ONLY

Background Completed ____/____/____ by: _____

FL Bar ____/____/____ by: _____

Photo ____/____/____ by: _____

Fee paid and sent to Fiscal ____/____/____ (non-refundable)

ID card Issued and: Mailed CM# _____ (RRR) Signed RR attached

Being picked up (have attorney or authorized representative sign above for card)

DISQUALIFIERS

Per Administrative Order 2018-009 PA-CIR, attorneys who practice in Pasco County and within the 6th Judicial Circuit are eligible to apply for a Private Counsel Identification Card. Attorneys must complete a Private Counsel Identification Card Request [PSO 4-0379] to be issued a PCID card through the Pasco Sheriff's Office Human Resource Section. Applicants applying for the PCID are subject to:

- 1.) *NCIC/FCIC Background Check; and*
- 2.) *Florida Bar Review.*

Applicants in good standing with the Florida Bar and who meet the following criteria will be issued a PCID in accordance with the application process. Applicants must have:

- 1.) *No violent arrests/convictions;*
- 2.) *No arrest/convictions involving a handgun,*
- 3.) *No arrest/convictions in crimes against law enforcement,*
- 4.) *No felony convictions within the past ten years of application,*
- 5.) *No misdemeanor convictions within the past five years of application; and*
- 6.) *No Ex Parte or Baker Act within the past five years of application.*

Applicants not meeting the above mentioned criteria will be reviewed jointly by PSO Judicial Security Section supervisory staff and the 6th Judicial Pasco Chief Judge for application approval.

Applicant's Signature: _____ **Date:** _____



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

_____ **Mandatory** (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

_____ **Voluntary**

_____ **From a source other than you**

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____