

STATE OF MAINE JUDICIAL BRANCH OFFICE OF THE STATE JUDICIAL MARSHAL

Augusta, Maine 04330

Acceptance and Acknowledgement Form

TO BE SUBMITTED WITH THE ATTORNEY APPLICATION	
Name:	Address, City, State & Zip:
Maine Bar No.:	
<u> </u>	al Branch identification card (hereinafter "identification card"), I hereby
acknowledge and agree as follows:	
presented upon my entering any duplicate, use or otherwise take court access card does not prov not limited to, any person who r	I today by me is issued for my exclusive possession and use and will be State of Maine courthouse. I will not allow any other person to borrow, possession of the identification card, and I understand and agree that the ide entrance, bypassing entry screening, to any other person, including but hay be entering the courthouse with me such as a witness, client or member respects with the requirements of Administrative Order JB-15-2 regarding
•	follow all direction provided by the Office of Judicial Marshals (OJM).
3. I understand that the identification	on card allows me to bypass entry screening, but that it does not authorize thouse or a court facility to which access is restricted.
4. I understand, agree and warrant	that I am not carrying any firearm, knife, or any other weapon into a cour is card, and any violation of the weapons policy shall subject me to the
	native obligation to notify OJM if I am charged with any crime.
6. I agree to immediately notify O	JM, both verbally and in writing, in the event that the identification card i issuance of a replacement identification card, I will pay a reissuance fee o
7. I acknowledge and accept that 0	DJM reserves the right to cancel, suspend, limit or modify the terms of my and any access to the Maine courthouses related thereto at any time.
	on card is valid for two years unless revoked, and it is my responsibility to
There will be no appeal of a decapply to the Office of Judicial N	e use of this card shall result in an immediate suspension of privileges. cision regarding a suspension. After 60-days of suspension, I may Marshals for reinstatement by submitting such request in writing stated. Applications for reinstatement will be reviewed on a case-by-cas
basis by the State Court Admin	* · · · · · · · · · · · · · · · · · · ·
10. I acknowledge that the possession	on of a firearm, in a courthouse, is a violation of 17-A M.R.S. § 1058, even is concealed handgun issued by any government agency.
Thou with points to outly we	shoomed hamagan issued by any government agency.
Signature	Date
Return this completed form to:	Office of Judicial Marshals
•	Capital Judicial Center
	1 Court Street, Suite 301
	Augusta, Maine 04330 (Tel. (207) 213-2882
	For Office Use Only:

Card Returned:__

Rev. 1/27/2021

Card Issued:___