FOR NEW APPLICANTS ONLY

Directions for Will County Sheriff Attorney Pass

BYMAIL

Step 1: Complete application.

Step 2: Mail Application, Firm issued check or money order (personal checks will not be accepted) made out to "Will County Sheriff" in the amount of \$35, a copy of your ARDC card (front & back), and a copy of your Illinois Driver's License or Illinois ID card to:

WillCountySheriff'sOffice CourtSecurity 100 W. Jefferson Joliet, IL 60432

Step 3: Email your photo to courtsecuritypass@willcosheriff.org. Please see photo requirements below.

Attorney Pass Photo Requirements

-Photo must be in color, taken within the last 6 months.

-Photo must be a clear image of the face with no filters applied.

-Photo must be taken by someone else. No selfies.

-Do not digitally change, alter, or modify the photo.

-Take off your eyeglasses for the photo.

-Use a plain white or off-white background.

-Pose must be neutral or natural smile, with both eyes open.

-Face the camera with full face in view.

-No hats or head coverings. *

-Jewelry may be worn so long as it does not hide the face.

-Photos must be submitted in JPG or JPEG format. PDFs cannot be used.

*For religious exemptions please contact Court Security staff

04/2021

FIRST TIME APPLICANTS ONLY

PLEASE DO NOT COMPLETE THIS FORM IF YOU ARE RENEWING YOUR PASS

Will County Sheriff's Office

Al	pplication for Attorney Sec	curity Pass	
Name:	Birth Da	ate:Gender:_	
Firm:		Telephone:	
Street Address:	Su	uite:Cell:	
City:	State:	Zip:	
Email Address:			
ARDC#:	Fax:		<u> </u>
Driver's License or State ID#	t:	State Issued	d:
I am currently a member in have any disciplinary proce			
If the answer is "no," please	e explain:		

I hereby apply for an Attorney Security Pass issued by the Will County Sheriff's Office. I consent to have the Will County Sheriff's Office verify my attorney status with the Attorney Registration and Disciplinary Commission, and I consent to have the Will County Sheriff's Office perform a criminal background check on me. I certify under penalties of perjury that: (i) the information contained in my application to the Attorney Security Pass is true and correct, and (ii) I will comply with all rules and regulations applicable to the Attorney Security Pass, including any future rules and regulations. I will comply with all statues, rules and court orders governing the use of portable electronic devices in the Courthouse, including but not limited to, Twelfth Circuit Administrative Order 2022-4. By my signature, I authorize the Will County Sheriff's Office to send me information regarding the Attorney Security Pass via fax and/or email.

Date: Signature:
