

# OFFICERS OF THE COURT REMOTE ACCESS (OCRA)

ROANOKE COUNTY CIRCUIT COURT  
305 EAST MAIN ST, SALEM, VA 24153

I, \_\_\_\_\_, certify in accordance with Virginia Code 17.1-293 that I am either an attorney in good standing with the Virginia State Bar, an authorized agent of such an attorney, an attorney currently admitted to practice law in Virginia on a pro hac vice basis, or an authorized representative of a governmental agency authorized by the Clerk to access the system. I acknowledge and agree that any data accessed in this system may not be sold or posted on any other internet web site or in any way redistributed to any third party. I further acknowledge and agree that the Circuit Court Clerk reserves the discretion to deny secure remote access to ensure compliance with the Code of Virginia.

SIGNATURE: \_\_\_\_\_

## Subscriber:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Bar Number (if applicable): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

United States Citizen: YES or NO (please circle one)

Subscriber ID \_\_\_\_\_ Password \_\_\_\_\_  
(subscriber ID is your e-mail address) (password needs to be 8 letters/numbers only)

Signature: \_\_\_\_\_

I certify that the information above is true and correct.

I, \_\_\_\_\_ a Notary Public, do hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me and swore and acknowledged to me that the statements contained therein are true and correct.

Notary Public, City/ County of \_\_\_\_\_

Name: Typed or Printed \_\_\_\_\_

Signature: \_\_\_\_\_

My commission Expires \_\_\_\_\_ Notary Number \_\_\_\_\_

Notary Phone Number \_\_\_\_\_