

COURTHOUSE SECURITY PASS APPLICATION

Pass period runs through July 31, 2025 at designated courthouses. All terms are subject to change without notice.



Kansas City Metropolitan Bar Association

PLEASE PRINT

Name: _____

Firm Name: _____

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

Phone #: _____ E-mail address: _____

I am applying for (please mark one):

KCMBA MEMBER: New Pass (\$65) Pass Renewal (\$40) Pass Replacement (\$25)

KCMBA NON-MEMBER: New Pass (\$125) Pass Renewal (\$85) Pass Replacement (\$40)

CERTIFICATIONS, CONDITIONS AND REQUIREMENTS

I certify I am a licensed attorney in good standing in the following state(s):

State _____ Bar No.: _____ Year admitted _____

State _____ Bar No.: _____ Year admitted _____

Because I am an officer of the court, I will conduct myself accordingly in regard to all security matters that are required by the Sheriff's Department, Kansas City Police Department and Kansas City City Security, to ensure a safe and secure environment at the court facilities. I understand that by agreeing to these conditions and requirements, including the following, I am entitled to bypass the security screening equipment subject to random security screenings or utilize designated security screening lines or protocol, in designated courthouses:

- I agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item then I will be refused entry; I will be subject to confiscation of the weapon/firearm and I will be subject to arrest and prosecution;
- I further agree that if I attempt to enter the courthouse in possession of any type of firearm, weapon or other prohibited item, my KCMBA Courthouse Security Pass will be immediately and permanently deactivated and revoked and I will not be eligible to have my Pass reinstated at any time;
- I will notify KCMBA should the pass be lost or stolen;
- I will notify KCMBA if my license is suspended, revoked or I am no longer authorized to practice law;
- I will present the pass for inspection by a Security Officer at any time;
- I will not give, transfer or loan the pass to any other person;
- I will comply with Mo. Rev. Stat 571.030, 571.107, Jackson County, MO Code §5534.4, and all other applicable statutes, regulations and ordinances prohibiting the carrying of a knife, a firearm (concealed or openly carried), a blackjack or any other weapon or material readily capable of lethal use into any municipal, circuit, appellate or supreme court, any courtroom or Jackson County owned, leased or controlled building;
- I will surrender the pass when requested to do so by any Officer of the Sheriff's Security Division, Kansas City Police Department, Kansas City City Security, or KCMBA for violation of said provisions;
- I understand that this security pass is a privilege granted to me because I am an officer of the court, but that it may be revoked if I do not abide by the terms and conditions provided herein. I understand my security pass will become deactivated if KCMBA receives notice of my suspension or disbarment.

Signature of Applicant: _____ Date: _____

PAYMENT DETAILS	Amount \$ _____
CHECK# _____	Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER
Card No. _____	Expiration date _____
Name on Card _____	CSC _____
Billing Address _____	City _____ State _____ Zip _____

----- **TO BE COMPLETED BY KCMBA STAFF ONLY** -----

Card # _____ iMIS ID # _____

- | | |
|---|--|
| <input type="checkbox"/> Verify form completed | <input type="checkbox"/> Form scanned/given to accounting |
| <input type="checkbox"/> Verify state licensure & good standing | <input type="checkbox"/> Full application (& all documents) saved to file |
| <input type="checkbox"/> Verified current KCMBA member for discount | Above actions by _____ date _____ |
| <input type="checkbox"/> Identity confirmed (in person/via Zoom) | <input type="checkbox"/> Security pass computer updated |
| <input type="checkbox"/> Valid picture ID & bar card scanned/screen shot | <input type="checkbox"/> Email to Court for activation by _____ date _____ |
| <input type="checkbox"/> Payment entered in check register/passed along for entry | <input type="checkbox"/> New Pass or Replacement Pass Card number: _____ |

----- **Mail or Fax completed applications to: KCMBA 2300 Main St., Suite 100, Kansas City, MO 64108 | Fax: 816-474-0103** -----