

HAMILTON COUNTY CLERK OF COURTS

WEB ACCESS FORM: ATTORNEYS – PRO HAC VICE

PRINTED NAME:**		
OFFICE ADDRESS:**		
CITY, STATE, ZIP:**		
E-MAIL ADDRESS:**		
OFFICE PHONE #:**		
OHIO SUPREME COURT PHV REGISTRATION #:**		
CASES THAT YOU ARE PRO HAC VICE ON:		
CASE # & CASE NAME**:		
CASE # & CASE NAME**:		
**This information must be supplied.		
After completing this form and submitting it, along with a legible copy of	the applicant's driver's license, state identific	ation or passport to
webmaster@cms.hamilton-co.org, fax number (513) 946-5630, or drop off to Room 31	5 of the Courthouse. A Web user name and	l password will be e-
mailed to you for case document access on www.courtclerk.org.		
By signing below, you are indicating that you are a licensed attorney with a	a pro hac vice number issued by the State o	of Ohio and that you
seek access to your domestic documents and/or documents that may otherwise co	ntain sensitive information to conduct the pr	ractice of law in the
Hamilton County Courts. Users of www.courtclerk.org are expressly prohibited from	reproducing, publishing on-line, selling, re-	selling or otherwise
disseminating data or information accessed except as permitted by law. The Clerk of	of Courts reserves the right to remove access	s at any time. <u>User</u>
names and passwords not used within six (6) months will be inactivated. Subn	nission of a new Web Access Form and I.D.	. will be required for
reactivation.		
	FOR OFFICE USE ONLY	
SIGNATURE	User Name Assigned:	
	Password:	
DATE		