



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

**CJA ATTORNEY SWIPE CARD APPLICATION**

Eastern District of New York (“EDNY”) courthouse swipe cards are issued to current members of the EDNY CJA panel only after completion of this application and a suitability determination based upon a fingerprint check and criminal background investigation. If approved, the swipe card will permit expedited entry into the courthouse.

When an attorney is reappointed to the CJA Panel after the expiration of the attorney’s three-year term, a swipe card renewal application must be submitted within thirty (30) days after reappointment.

Any attorney who resigns or is removed from the EDNY CJA Panel must return the swipe card to the Clerk of Court immediately.

Applications (3 pages in total) must be submitted to the Clerk of Court at either of the following courthouse addresses.

United States District Court  
Eastern District of New York  
225 Cadman Plaza East  
Brooklyn, NY 11201

United States District Court  
Eastern District of New York  
100 Federal Plaza  
Central Islip, NY 11722

New Application                      Date Submitted \_\_\_\_\_  
Renewal Application                Date Submitted \_\_\_\_\_ Swipe Card Number \_\_\_\_\_

Contact Information

- Last Name \_\_\_\_\_
- First Name \_\_\_\_\_ MI \_\_\_\_\_
- Law Firm \_\_\_\_\_
- Business Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- Office Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_
- Email Address \_\_\_\_\_

**ACKNOWLEDGEMENTS TO BE INITIALED AND SIGNED:**

- I hereby acknowledge that I am in receipt of an EDNY courthouse swipe card, and that this credential is nontransferable. \_\_\_\_\_
- I will notify the EDNY Clerk of Court of any changes in my law firm affiliation while I am in possession of this credential. \_\_\_\_\_
- I will promptly disclose to the EDNY Clerk of Court any future arrest, convictions, or disciplinary actions taken against me by any grievance committee or court. \_\_\_\_\_
- I hereby acknowledge that the EDNY reserves the right to suspend or rescind this credential at any time for any reason. \_\_\_\_\_
- If, at any time, I am no longer a member of the EDNY CJA Panel, I will surrender my EDNY credential to the Clerk of Court. \_\_\_\_\_
- Pursuant to 18 U.S.C. § 930(e), the possession or attempted possession of firearms or other dangerous weapons in a federal courthouse is strictly prohibited; any violation may result in fines and/or imprisonment. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

**AUTHORIZATION TO RELEASE INFORMATION REQUESTED  
PURSUANT TO BACKGROUND INFORMATION**

I, \_\_\_\_\_, consent to submission of fingerprints and a criminal background investigation conducted by the United States District Court for the Eastern District of New York in connection with my application for courthouse access as a current member of the CJA Panel of the Eastern District of New York.

I consent to and authorize the disclosure of all information the United States District Court deems relevant to the evaluation of my eligibility to hold a position of public trust. I authorize the disclosure of such information to the United States District Court including, but not limited to, criminal records if any, and files and records of governmental bodies and credit agencies.

I hereby waive any privilege of confidentiality with respect to the release of any such information to the United States District Court.

This original document shall remain on file at the United States District Court for the Eastern District of New York, for this and any future reports or updates that may be requested.

Further information may be made available upon written request within a reasonable period of time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Certification: I attest, under penalty of perjury, that: (1) I have examined the identification documents(s) presented by the above-named applicant and (2) I certify that the above-named applicant voluntarily signed this original copy of the authorization for the purposes stated.		
Signature of Authorized Representative	Today's Date	Name and Title of Authorized Representative

Applicants have the right to request copies of background investigation records under the Freedom of Information Act, 5 U.S.C. § 552 and the Privacy Act, 5 U.S.C. § 522a.

**BACKGROUND INVESTIGATION IDENTITY INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Alias or Other Names Used in the Past \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

## BACKGROUND INVESTIGATION QUESTIONS

If you check yes to any of these questions, provide the required explanations.

1. Have you ever been convicted, imprisoned, on probation, or on parole? (Include felonies, firearms or explosives, violations, misdemeanors, and all other offenses) Yes  No 
  - a. If yes, provide the date, explanation of violation, place of occurrence, and name/address of police department or court.
  
2. Have you every been convicted by a military court martial? Yes  No 
  - a. If yes, provide the date, explanation of violation, place of occurrent, and name/address of military authority or court.
  
3. Are you now under charges for any violation of law? Yes  No 
  - a. If yes, provide the date, explanation of violation, place of occurrence and name/address of police department or court.
  
4. Have you ever been fired from any job for any reason, have you quit after being told that you would be fired, have you left any job by mutual agreement because of specific problems, or have you been debarred from federal employment by the Office of Personnel Management or any other federal agency? Yes  No 
  - a. If yes, provide the date, explanation of problem, reason for leaving, and employer's name/address.

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Signature

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Date