

Kane County Judicial System 2026 Access Card Application



Kane County Bar Association



16th Judicial Circuit Court

Agreement

The undersigned acknowledges and agrees to comply with all rules and regulations at the Kane County Judicial Center and all Kane County Courthouses, as amended. If the Access Card is lost or stolen, such fact must be reported immediately to the Kane County Bar Association at 630-762-1915.

The Access Card will remain valid from the date acquired by the undersigned until December 31st, 2026. There will be a two-month grace period to obtain a new card. The undersigned will need to renew the Access Card each year with a new photo taken. Lost replacements will be re-issued at the cost of \$40 and require a new Access Card Application form to be filled out. The access granted by this card does not extend to any of the holder's assistants, paralegals, witnesses, etc. The undersigned further understands that such access is a privilege, and the Sheriff may, at his sole discretion, revoke holder's access privileges, whereupon holder will immediately surrender his or her Access Card to the Sheriff.

Consent

I hereby authorize Kane County Court Services to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in the state of Illinois. I understand that this information, and the information provided below, will be used only for the purpose of approving this application.

PAYMENT FOR THE ACCESS PASS (\$40) MUST BE RECEIVED WITH THIS FORM

The attorney's photo will be taken when this form is dropped off by the attorney at the Kane County Bar Association. Once approved, the Access Pass will be mailed the attorney at the address noted below.

Legal Last Name	Legal First Name	Full Middle Name

Date of Birth	Sex	Race	ARDC#	Driver's License #	DL State
Your Email:			Best Phone Number:		
Firm Name					
Firm Address					
Mail to Attorney: <input type="checkbox"/>		Pick Up at KCBA: <input type="checkbox"/>		KCBA Member <input type="checkbox"/> YES <input type="checkbox"/> NO	

Concealed Carry	Applicant's Confirming Signature	Date Signed
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Applicant's Signature

Date Signed

Please hand deliver this completed form to the KCBA office

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KCBA 555 S. Randall Road, Ste 203; St. Charles, IL 60174

Kane County OFFICE Use Only		Comments
<input type="checkbox"/> APPROVED		
<input type="checkbox"/> DENIED		
Authorizing Signature		Authorizing Date
<input type="checkbox"/> Emailed to office@kanecountybar.org		Date emailed: