

New and Renewal Applications

Directions for Will County Sheriff Attorney Pass

BYMAIL

Step 1: Complete application.

Step 2: Mail Application, Firm issued check or money order (personal checks will not be accepted) made out to “Will County Sheriff” in the amount of \$35, a copy of your ARDC card (front & back), and a copy of your Illinois Driver’s License or Illinois ID card to:

Will County Sheriff’s Office
Court Security
100 W. Jefferson
Joliet, IL 60432

Step 3: Email your photo to courtsecuritypass@willcosheriff.org. Please see photo requirements below.

Attorney Pass Photo Requirements

- Photo must be in color, taken within the last 6 months.
- Photo must be a clear image of the face with no filters applied.
- Photo must be taken by someone else. No selfies.
- Do not digitally change, alter, or modify the photo.
- Take off your eyeglasses for the photo.
- Use a plain white or off-white background.
- Pose must be neutral or natural smile, with both eyes open.
- Face the camera with full face in view.
- No hats or head coverings. *
- Jewelry may be worn so long as it does not hide the face.
- Photos must be submitted in JPG or JPEG format. PDFs cannot be used.

*For religious exemptions please contact Court Security staff

Will County Sheriff's Office
Application for Attorney Security Pass

Name: _____ Birth Date: _____ Gender: _____

Firm: _____ Telephone: _____

Street Address: _____ Suite: _____ Cell: _____

City: _____ State: _____ Zip: _____

Email Address: _____

ARDC#: _____ Fax: _____

Driver's License or State ID#: _____ State Issued: _____

I am currently a member in good standing of the Bar of the State of Illinois and do not have any disciplinary proceeding pending against me (check one): YES _____ NO _____

If the answer is "no," please explain: _____

I hereby apply for an Attorney Security Pass issued by the Will County Sheriff's Office. I consent to have the Will County Sheriff's Office verify my attorney status with the Attorney Registration and Disciplinary Commission, and I consent to have the Will County Sheriff's Office perform a criminal background check on me. I certify under penalties of perjury that: (i) the information contained in my application to the Attorney Security Pass is true and correct, and (ii) I will comply with all rules and regulations applicable to the Attorney Security Pass, including any future rules and regulations. I will comply with all statues, rules and court orders governing the use of portable electronic devices in the Courthouse, including but not limited to, Twelfth Circuit Administrative Order 2022-4. By my signature, I authorize the Will County Sheriff's Office to send me information regarding the Attorney Security Pass via fax and/or email.

Date: _____ Signature: _____