



# Cherokee County Judicial System Access Card Application

Application # \_\_\_\_\_

### Agreement

The undersigned acknowledges receipt of a copy of the rules and the regulations regarding unscreened access to the Cherokee County Justice Center and agrees to comply with such rules and regulations, as amended. If the access is lost or stolen, please refer to the attached rule for reporting such matters. The undersigned acknowledges this card is the property of the Cherokee County Sheriff's Office and must be returned upon termination. The undersigned further understands that such access is a privilege and may be revoked at any time, with or without further recourse of any kind.

### Consent

I hereby authorize Cherokee Sheriff's Office to receive any criminal history information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia

### Application Information

Last Name	First Name	Middle Name

Date of Birth	Sex	Race	Social Security Nbr	Driver's License Nbr	DL State

Home Address	City	State	Zip Code

Home Phone Nbr	Work Phone Nbr	State Bar# (Attorneys Only)

Applicant's Signature	Date Signed
X	

Date Card Issued \_\_\_\_\_

Date Card Returned \_\_\_\_\_

**CHEROKEE COUNTY SHERIFF'S OFFICE**  
**CRIMINAL HISTORY CONSENT FORM**

In order for the Cherokee County Sheriff's Office to better serve you; please fill out this form completely. Please print neatly, if your information cannot be read you will be asked to fill out another consent form which will take an additional 48 hours to process. Do not change, strikethrough, or white out any information. If a change or correction is necessary, a new consent form must be completed.

**Section 1: Authorization**

I hereby authorize the Cherokee County Sheriff's Office to process my criminal history record information and release any information pertaining to me which may be in the file of any state or local criminal justice agency to the individual I have specified below.

If this information is being released to a business, agency, or organization, the Cherokee County Sheriff's Office must have a *specific person's* name at the business, agency, or organization and the *address* and *title* of the business, agency or, organization.

If this information is being released to an individual, the Cherokee County Sheriff's Office must have the individual's *name* and *address*.

Please release my criminal history record information to:

Captain Locke, Sgt. Benefield or Cpl. Reece  
Cherokee County Sheriff's Office/Justice Center  
90 North St. Suite G-120, Canton Ga. 30115

I need the results of this background check on letterhead with a notary stamp. Number of letters: \_\_\_\_\_

**Section 2: Reason**

Please circle the appropriate reason for your background check or specify the reason for your background check in the blank.

1. PERSONAL INSPECTION
2. ADOPTION
3. APARTMENT
4. EMPLOYMENT WITH THE MENTALLY ILL/MENTALLY RETARDED
5. EMPLOYMENT WITH ELDER CARE
6. EMPLOYMENT WITH CHILDREN
7. OTHER: Blue Ridge Bar Association of Georgia

**Section 3: Personal Information**

This consent for criminal history expires 90 days after being signed by the person whose record is sought.

\_\_\_\_\_  
Full Name: First, Middle, & Last PLEASE PRINT LEGIBLY

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Date of Birth: MM/DD/YYYY Sex Race (White, Black, American Indian, Asian, Pacific Islander, Alaskan Native) Social Security Number

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

\_\_\_\_\_  
Notary Signature & Stamp Date Driver's License Number (NOTARY USE ONLY)

**Section 4: Results**

If an employment, licensing, housing, or other decision adverse to the record subject is made; the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a criminal history record check was made, specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information is a misdemeanor under Georgia law. (O.C.G.A. 35-3-34, 35-3-35)

If this form is stamped, no record could be found in the Georgia Criminal History Database for the record subject. Please see attached printouts if this form is not stamped. Use of information disseminated shall be limited to the purpose for which it was intended. The information may not be disseminated further.

*This is a name base criminal history only, for a more accurate criminal history fingerprints will need to be submitted.*

**Section 5: Agency Use Only**

Date Processed: SID: FBI:

**CHEROKEE COUNTY SHERIFF'S OFFICE**  
**CRIMINAL HISTORY CONSENT FORM**

Operator Initials:

Mailed

Picked Up

***Rule and Regulations for Unscreened access***

***The following rules and regulations concerning unscreened access shall apply. Failure to comply with these rule and regulations shall result in the suspension or termination of unscreened access and if warranted, may result in criminal prosecution.***

- Complete Sheriff's Office access application and Criminal History form.
- Have a current Georgia Bar Card
- In order to apply for this exemption you must be a member, in good standings of the Blue Ridge Bar association and Georgia Bar Association.
- Each applicant must be cleared of any felony to be approved for this privilege.
- Be issued a Court Security pass by the Court Security, Sheriff's Office Division.
- This pass must be prominently displayed when entering the Justice Center on the person issued in order to be exempt for the security screening process.
- Exempt persons will be held to the same standard as all civilians being searched and entering into the Justice Center. They will not be allowed to bring any prohibited items of any kind into the Justice Center.
- Individuals with unscreened access shall not use the privilege to allow another to enter the Justice Center or bring unscreened items into the Justice Center for another.
- Individuals granted the privilege of unscreened access acknowledge and consent to be searched upon request of Court Security personnel.
- Individuals assigned a Security Screening pass shall maintain control of such card at all times. If the card is lost or stolen, such loss or theft shall be immediately reported to the Court Security Division of the Cherokee County Sheriff's Office (678-493-6182) and a written report shall be submitted to the Authorizing Agency no later than the next business day after the loss occurs.
- This security screening pass will remain the property of the Sheriff Office and will be returned upon request.
- The Cherokee County sheriff's Office reserves the right to revoke unscreened access and require the return of the magnetic card, with or without cause. No recourse is available to an individual whose privilege of unscreened access is revoked.

**When the exempt individual enters the Justice Center he or she will be waved through or around the security station by the deputy if the proper issued screening pass/credentials are prominently displayed on this person.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_