

**ATTORNEY PHOTO ID CARD
APPLICATION**

JD-ES-229 Rev. 6-17

STATE OF CONNECTICUT
JUDICIAL BRANCH
www.jud.ct.gov



First name	Middle initial	Last name	Personal Juris number
Firm/Company name			
Full street address (including office, suite or apartment number, if applicable)			
City/Town		State	Zip code
Daytime phone number (include area code)		E-mail address (if available)	

I, _____,
am submitting this application to the State of Connecticut Judicial Branch to obtain an Attorney Photo ID Card. I certify that the information provided in this application is true and correct. I further certify that I will return this Attorney Photo ID Card voluntarily at any time in the future if I am suspended, on inactive status, disbarred, resign, or for any other reason become ineligible to remain on the roll of Connecticut attorneys in good standing or if its return is otherwise determined to be warranted by the chief court administrator.

I understand that it is my affirmative duty to return this Attorney Photo ID Card to the Judicial Branch of the State of Connecticut if I am directed to do so in writing by the chief court administrator.

Attorney's signature

Date

Print name

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Instructions for obtaining an Attorney Photo ID card:

Complete and sign this application. Please be sure that you include your [personal juris number](#) and your complete mailing address on the form to assure the timely issuance of your card. This form must be included as part of your application packet.

Provide a clear photocopy of your current driver's license or passport, which will be used for identification purposes only. If your address has changed, photocopy both sides of your license. This photocopy must be included as part of your application packet.

Provide a current, color photograph (similar to a photograph that would be submitted for a passport) that includes the full head and shoulders of the attorney against a solid light background. Photographs should be approximately 1.5 by 2 inches if printed or 200 dpi if scanned as a JPG file. A digital copy of a passport photo is preferred. Please note that Polaroids and ink jet prints are not acceptable. This photograph must be included as part of your application packet.

Mail or e-mail the completed application packet to:

Connecticut Judicial Branch
Superior Court Operations Division
Attn: Attorney Photo ID Program
90 Washington Street
Hartford, CT 06106

Attorney.idcard@jud.ct.gov

To expedite the processing of your card, submit all items together in the correct format. If you are submitting your application packet by e-mail, the application form and the photocopy of your current driver's license must be in [PDF](#), and your photograph must be attached as a JPG (compressed image format) file. Clearly identify the attorney by name and personal juris number in all communications.

You will receive your Attorney Photo ID Card in one to three weeks. To expedite processing, please verify through [E-Services](#) that the personal juris number of the attorney is correct, that the annual attorney registration is current, and that all required items are enclosed.

Please identify the attorney by name and personal juris number in the subject line of all e-mailed communications.

E-mail attorney.idcard@jud.ct.gov with any questions.