APPLICATION FOR OFFICER OF THE COURT REMOTE ACCESS (OCRA) TO MATHEWS CIRCUIT COURT CASE IMAGING SYSTEM
FOR GOVERNMENT AGENCIES & OTHER PUBLIC BODIES

This application must be completed by each individual user for access to case documents. A non-attorney applicant must be a directly supervised staff member of an attorney who is an active Subscriber. The supervising Attorney must also sign this application. If you are a current subscriber to OCRA in another Circuit Court, you must furnish your user ID and password below. The Supreme Court of Virginia only allows one username/password combination for subscribers to OCRA.

The approval of this application is at the discretion of the Clerk of the Circuit Court of Mathews County, Virginia. By signing this application, the Subscriber acknowledges and accepts the terms and conditions of the Court Remote Access to Mathews County Circuit Court Case Imaging System.

Applicant's Name: _____
Last **First** **Middle**

Governmental Agency (if applicable): _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____ **Fax No.** _____

Email Address: _____

VSB Number of Supervising Attorney or Attorney Applicant: _____
(include a copy of your Virginia State Bar card)

United States Citizen: ( ) Yes ( ) No

Name of Active Attorney Subscriber by whom you are directly supervised:
_____

Are you a current subscriber to OCRA in another Court? ( ) Yes ( ) No

If yes provide your: USER ID _____ **Password** _____

I certify that the above information is true and correct.

APPLICANT SIGNATURE: _____

SIGNATURE OF SUPERVISING ATTORNEY: _____

State of Virginia, City/County of _____

The foregoing application was subscribed and sworn to before me this ___ day of _____, 20____, by _____, Subscriber/Supervising Attorney and _____ non-attorney applicant.

_____
Notary Public

Mail this completed application with payment to:
Clerk of the Circuit Court
ATTN: OCRA Subscription
P.O. Box 463
Mathews, VA 23109

The Subscriber's ID, password and expiration date with instructions will be emailed to you if approved.

For use by the Circuit Court Clerk's Office only

Subscriber's User ID: _____

Subscriber's Password: _____

Subscriber's Expiration Date: _____