

SPOKANE MUNICIPAL COURT
Request for eCourt Portal Login Permissions – Attorneys & Staff

Personal Information:

Last Name

First Name

Middle Name

Date of Birth

Title/Position:

Attorney - WSBA No. _____

Limited License Legal Technician: LLLT License No. _____

SCBA Registered Paralegal: SCBA Registration No. _____

Paralegal/Attorney Support Staff

I was given portal access while previously associated with this organization:

Contact Information:

Office/Organization Name

Office Telephone No.

Mobile Telephone No.

Mailing/Email Address:

Street/PO Box No.

City

State

Zip

Email Address

SPOKANE MUNICIPAL COURT INTERNAL USE ONLY BELOW THIS BOX

Approved

Disapproved: _____

Reviewing Official

Date