

SPOKANE MUNICIPAL COURT
Request to Update eCourt Portal Login Contact Information –
Attorneys & Staff

Personal Information:

Last Name

First Name

Middle Name

Date of Birth

Title/Position:

Attorney - WSBA No. _____

Cases Transferring From Previous Firm:

Limited License Legal Technician: LLLT License No. _____

SCBA Registered Paralegal: SCBA Registration No. ____

Paralegal/Attorney Support Staff Rule 9

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

Updated Contact Information:

Office/Organization Name

Office Telephone No.

Mobile Telephone No.

Updated 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