

**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

**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