

SPOKANE MUNICIPAL COURT
Request for eCourt Portal Login Permissions – Defendants

Personal Information:

Last Name

First Name

Middle Name

Date of birth

Contact Information:

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