



## SEDGWICK COUNTY, KANSAS

### Non-Employee Courthouse Entry Access Card Application Form

New

Renewal

#### APPLICANT INFORMATION

Last Name			First Name			Middle Name			
Maiden or Other Names Used									
Residential Street Address						Apartment/Unit #			
City						State			
Zip Code			E-mail Address						
Home Phone			Cell Phone			Work Phone			
Driver's License Number & State			Other Govt. ID #			Alien Registration #			
Concealed Carry License Number			Date of Birth			Social Security Number			
Race			Sex			Height			
Weight			Hair Color			Eye Color			
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you an alien illegally in the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you under indictment or information in any court for a misdemeanor or felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted in any court of a felony offense?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been convicted of a misdemeanor offense?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever entered into a diversion agreement for a misdemeanor or felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you, or have you been, subject to a Restraining order, Protection from Stalking Order, or Protection from Abuse Order?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you ever been subject to involuntary commitment for care and treatment?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you an unlawful user of, or addicted to marijuana or any depressant, stimulant, narcotic drug or any other controlled substance?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	Use additional pages if more explanation is needed above			

#### FREQUENCY & NEED TO ENTER THE COURTHOUSE

Occupation			Business Address						
How often do you enter the Courthouse(s) (Circle/Check)		Multiple times Daily		<input type="checkbox"/> Daily	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every Few Months
What is your business need to frequently enter the Courthouse(s)?									

**NON-EMPLOYEE COURTHOUSE ENTRY ACCESS CARD APPLICATION FORM**

Authorization for Release of Information / Agreement Statement

I \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Sedgwick County Sheriff's Office, whether the said records are of a public, private, or confidential nature, to include a criminal background check.

The intent of this authorization is to give my consent for full and complete disclosure of the records to include criminal records or any records to validate the application process. I hereby authorize the Sedgwick County Sheriff's Office personnel to review any public records relating to my personal conduct and any other pertinent information in order to render a decision regarding the application.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this released authorization will be considered in determining my request for a Non-Employee Courthouse Entry Access Card granted by the Sedgwick County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability that may be incurred as a result of furnishing such information. I understand that the issuance of access cards is purely voluntary, and cards are intended only for the use of persons who have unblemished records, who will not present any concern for the safety and security of the Sedgwick County Courthouses, employees and occupants.

I agree to pay any and all charges or fees concerning this request. I understand and agree with the non-refundable application or renewal fee. The fee for individuals is \$35.00. Lost card replacement is \$20.00 and lost cards must be reported immediately.

I hereby agree to the following statements, requirements and prohibited activities related to the Non-Employee Courthouse Entry Access agreement:

1. I shall not tamper with, damage, deactivate, disable, defeat, modify or alter without authorization, any camera, alarm, Access Card, other security device, security program or component.
2. I shall not, without authorization of the Sedgwick County Sheriff's Office access any security system computer, computer program or component.
3. I shall not climb over or otherwise avoid ropes, gates, barriers or security procedures or permit another to do so.
4. I shall not prop open or remove an alarmed door, locked door, gate or barrier without the specific prior authorization of the Sedgwick County Sheriff's Office.
5. I shall not refuse to submit to security screening when requested.
6. I shall not falsely identify myself to Security or Police personnel, or loan my card to anyone else.
7. I have not been charged or indicted in any court for a felony or any other crime, excluding traffic offenses,
8. I have a frequent need to visit Sedgwick County Courthouses in order to conduct legitimate business related to but not limited to attend meetings, court proceedings or to conduct official business.
9. I have not been served a restraining, protection from stalking, or protection from abuse order.
10. I am not addicted to any illegal drug or any other controlled substance.
11. I have never been adjudicated for any mental impairment, been involuntarily committed to a mental institution or designated a person with an alcohol or substance abuse problem subject to involuntary commitment.
12. I understand the granting of a Non-Employee Courthouse Entry Access Card is a privilege - not a right, and that any breach of the terms and requirements within this application process may result in the suspension or termination of the Card.
13. I understand weapons are prohibited in Sedgwick County Courthouses to include firearms, knives, sprays (including pepper, CN and CS), clubs and other weapons are prohibited in the Courthouses and that violation of any provisions of this Regulation will result in revocation of

such person's authority to enter into the Courthouses through a restricted access entrance.

14. I understand that when using the Non-Employee Courthouse Entry Access Card it is my **obligation** to activate the card reader, then to approach the nearest Sheriff's Office Deputy, and then to display the photograph and card, until such time as he/she acknowledges the card and grants me entry, or directs me through screening.

15. I understand that if I am arrested for any crime, misdemeanor or felony, or am served with a restraining, protection from stalking or protection from abuse order, it is my **obligation** to immediately notify the Sedgwick County Sheriff's Office, and to cease using the Non-Employee Courthouse Entry Card, until such time as the matter has been resolved, and I have received specific permission to resume use of the card from the Sedgwick County Sheriff's Office.

#### ACKNOWLEDGEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This release is valid for one year from the date of my signature.

If this application leads to the granting of a NON-EMPLOYEE ACCESS CARD, I understand that ANY false or misleading information in my application or interview may result in revocation of my card access. I also understand that certain information contained on this form may be subject to the Kansas Open Records Act (KORA), which may result in this information being provided to the public or media.

Signature	Date
Subscribed and sworn this ____ day of _____, 20____.	
<hr/> Notary Public My Appointment Expires:	

This completed, notarized application along with the relevant payment is submitted to the Sedgwick County Clerk, located on the sixth floor of the Ruffin Building at 100 N Broadway, Suite 620. Applications must be submitted in person by the applicant along with a valid government issued form of identification, the City of Wichita ID is not acceptable. Application must be accompanied by background check documents obtained by applicant within 60 days preceding the date of submission of the application.

The current fee schedule for individuals is \$35.00. Please allow at least 30 days for processing before inquiry.

Revised 11-18-2025