



Rockdale County Attorney Secure Access Superior and State Courts

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ENROLLMENT FORM

Please complete the requested information below, save to your desktop and email form as an attachment to ClerkOfCourtsOffice@Rockdalecounty.org with "Attorney Secure Access" in the Subject line.

- Your user account will be created and your new credentials will be sent to you at the email address you provide.
- Please allow 24-48 hours for the processing of your account.

ATTORNEYS INFORMATION

Attorney Name: _____
Attorney Bar #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Mobile Phone: _____
Email Address: _____
Date: _____

CERTIFICATION

By selecting this box, I hereby certify that the information provided on this enrollment form belongs to me and is correct to the best of my knowledge. I understand that any incomplete or misrepresentations of the information provided could delay my request or cause my request to be declined.