

**ATTORNEY PHOTO ID CARD  
APPLICATION**

JD-ES-229 New 7-08

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
*www.jud.ct.gov*

First name	Middle initial	Last name	Personal Juris number
Firm/Company name			
Full street address (including office, suite or apartment number, if applicable)			
City/Town	State	Zip code	
Daytime phone number (include area code)	E-mail address (if available)		

I, \_\_\_\_\_, am submitting this application to the State of Connecticut Judicial Branch to obtain an Attorney Photo ID Card. I certify that the information provided in this application is true and correct. I further certify that I will return this Attorney Photo ID Card voluntarily at any time in the future if I am suspended, on inactive status, disbarred, resign, or for any other reason become ineligible to remain on the roll of Connecticut attorneys in good standing or if its return is otherwise determined to be warranted by the chief court administrator.

I understand that it is my affirmative duty to return this Attorney Photo ID Card to the Judicial Branch of the State of Connecticut if I am directed to do so in writing by the chief court administrator.

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**To submit this application by e-mail, please print out and sign the application, create a PDF of the application and driver's license, attach the JPG photograph and e-mail the packet to [attorney.idcard@jud.ct.gov](mailto:attorney.idcard@jud.ct.gov)**