



"Excellence In Service"

# Yamhill County Sheriff's Office

*Sheriff Tim Svenson*

535 NE 5<sup>th</sup> Street, Room 143, McMinnville, Oregon 97128-4595

Business Office: (503) 434-7506 ● Fax: (503) 472-5330

Jail: (503) 434-7507 ● Fax: (503) 434-7534 Email: [sheriff@co.yamhill.or.us](mailto:sheriff@co.yamhill.or.us)

## MEMO

Date: 8/24/2015

To: Board of Commissioners

From: Sheriff Tim Svenson

Re: Sheriff's Office Fee Schedule addition.

As you are aware, our Office will be processing Key cards for local attorneys, which will allow them to access the courts without having to go through the new scanning station. There is a formal application for the Key Card along with a usage agreement that the attorney can complete for processing of this card. I am requesting the Board to add a new fee to our existing fee schedule that covers the following:

\$30- for new Key card

\$20- for replacement cards

Of each fee above, I am proposing transferring \$5.00 for each transaction to the IT budget to offset cost for programming the prox card access.

If you have any questions, please let me know. Attached is a copy of the proposed form.

Sheriff Tim Svenson

Accepted by Yamhill County  
Board of Commissioners on

8.27.15 by Board Order

# 15-350



# Yamhill County Sheriff's Office

*Sheriff Tim Svenson*

## Yamhill County Key Card – Attorney ID

*The cost for the magnetic key card and the required programming is \$30.00 and must be submitted to Sheriff's office staff at the time of being photographed for the card. Costs are subject to change from time to time as costs to the county increase.*

### PERSONAL INFORMATION

Attorney Bar #	
First Name	
Middle Initial	
Last Name	
Date of Birth	
Hair Color	
Eye Color	
Height	
Weight	

### WORK INFORMATION

Employer	
Division	
Official Position Title	
Employer Mailing Address	
Employer Physical Address	
Work Phone + Work Ext	
Work Cell or DID #	
Work E-mail Address	

Approved Issue: \_\_\_\_\_  Other Dept/Div: \_\_\_\_\_

#### For YCSO staff use only:

Picture: \_\_\_\_\_ Card Number \_\_\_\_\_ Notified: \_\_\_\_\_ via Email on: \_\_\_ / \_\_\_ / \_\_\_

Card made and sent to: \_\_\_\_\_ on: \_\_\_\_\_

Date YCSO Received: \_\_\_\_\_

By: \_\_\_\_\_

**YAMHILL COUNTY COURTHOUSE**



# Yamhill County Sheriff's Office

*Sheriff Tim Svenson*

## Yamhill County Key Card – Attorney ID

### Key Card Usage Agreement

I, the undersigned member of the Oregon State Bar, understand and agree to abide with the following terms relating to the usage of a Court Security access key card for the Court facilities of the Yamhill County Circuit Court.

Access by means of the magnetic key card shall be limited to 8:00 AM to 5:00 PM on regular court business days and shall be used only for the conduct of professional, rather than personal, business. An attorney, who is representing himself or herself on any matter, including a traffic ticket, may not use the key card, but if the attorney is representing a client, he or she may use the key card.

I further understand that any violation of this Key Card Usage Agreement will result in my loss of such access, at the direction of the Sheriff.

I agree to notify the Yamhill County Sheriff's Office, 503-434-7506, immediately upon the loss of the key card and understand that there is a \$20 replacement fee.

I agree that I will not bring any banned materials, weapons, or other contraband into any Court facility, other than exhibits, and then only with the prior approval of the Judge before whom I am scheduled to appear. I further understand that exhibits will be screened, prior to entrance.

I agree that I will not allow any other individual to enter the facility with me and I understand that any individual entering the courthouse with me (unless they also have a validly issued key card) will be required to pass through the security screening station.

I agree that I will not allow other people to use my access key card at **any time**. I will keep my key card displayed at all times I am entering the facilities.

I agree that I will submit to random occasional security screening, even with the authorized access key card.

I agree that I will notify the Yamhill County Sheriff's Office during any period of time in which I am not actively engaged in the practice of law or no longer a member in good standing of the Oregon State Bar and I understand that my access will be eliminated during that period.

I agree that if I am not actively engaged in the practice of law or no longer a member in good standing of the Oregon State Bar that I will return my key card to the Yamhill County Sheriff's Office immediately.

I understand that a fee for the key card is \$30 for weekday access during work hours for member of the Oregon State Bar. Should card be lost, stolen, damaged, or my contact address change, I understand I will be charged \$20 for a replacement card.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

OSB #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_



B.O. 15-350