



UNITED STATES DISTRICT COURT
 DISTRICT OF MASSACHUSETTS
 OFFICE OF THE CLERK
 1 COURTHOUSE WAY
 BOSTON, MASSACHUSETTS 02210

APPLICATION FOR MEDIA IDENTIFICATION CARD
 PLEASE PRINT OR TYPE CLEARLY
 PLEASE CHECK THE APPROPRIATE BOX BELOW

NEW APPLICATION FOR MEDIA IDENTIFICATION CARD RENEWAL – PREVIOUS CARD # _____

APPLICANT NAME: LAST _____ FIRST _____ MI _____		COMPANY NAME: _____	
DATE OF BIRTH: _____		DEPARTMENT: _____	
GENDER: _____		JOB TITLE: _____	
HOME ADDRESS STREET: _____ CITY: _____ STATE: _____ ZIP: _____		BUSINESS ADDRESS STREET: _____ CITY: _____ STATE: _____ ZIP: _____	
HOME TELEPHONE #: _____ - _____ - _____ EMAIL: _____		BUSINESS TELEPHONE #: _____ - _____ - _____ CELL (OPTIONAL) #: _____ - _____ - _____	
ARE YOU EMPLOYED BY THE ABOVE ORGANIZATION ON A FULL-TIME STAFF/SALARIED BASIS OR ARE YOU AN INDEPENDENT? _____ FULL TIME _____ INDEPENDENT			
LIST THREE (3) OF YOUR MOST RECENT ASSIGNMENTS, WITHIN THE PAST SIX MONTHS:			
DATE _____		LOCATION: _____	
ASSIGNMENT: _____			
DATE _____		LOCATION: _____	
ASSIGNMENT: _____			
DATE _____		LOCATION: _____	
ASSIGNMENT: _____			
<p>_____ I certify that I have read and will abide by the Local Rules of the United States District Court for the District of Massachusetts, in particular, Local Rule 83.3(a): Photographing, Recording, and Broadcasting Generally Prohibited. Except as specifically provided in these rules or by order of the court, no person shall take any photograph, make any recording, or make any broadcast by any means, in the course of or in connection with any proceedings in this court, on any floor of any building on which proceedings of this court are or, in the regular course of the business of the court, may be held. The complete rules may be found at http://www.mad.uscourts.gov/general/pdf/LC/LOCALRULEScombined.pdf</p>			
APPLICANT'S SIGNATURE: _____		DATE: _____	

MUST BE COMPLETED BY BUREAU CHIEF, MANAGING EDITOR OR NEWS DIRECTOR

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL REQUIRES A MEDIA IDENTIFICATION CARD IN ORDER TO PERFORM THEIR ASSIGNED DUTIES.

DATE: _____ FIRST AND LAST NAME (PRINT): _____ POSITION: _____

SIGNATURE: _____

NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY, SIGNED BY THE BUREAU CHIEF, MANAGING EDITOR OR NEWS DIRECTOR, AND THE APPLICANT HAS ACKNOWLEDGED THAT HE OR SHE AGREES TO ABIDE BY THE COURT'S RULES REGARDING PHOTOGRAPHING, RECORDING OR BROADCASTING. THE ORIGINAL SIGNED APPLICATION MUST BE SENT **ON PAPER** TO THE ADDRESS AT THE TOP OF THIS FORM. EMAIL AND FAXES WILL NOT BE ACCEPTED.