

<b>STATE OF NORTH CAROLINA</b> <b>NORTH CAROLINA ADMINISTRATIVE OFFICE OF THE COURTS</b>	<b>ACCESS REQUEST</b> <b>(LAW ENFORCEMENT ONLY)</b>
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**See Side Two for instructions on completing this form.** Fax Side One of completed form to (919) 890-1916 or scan Side One of completed form and email to the Access Administration team at [Access.Admin@nccourts.org](mailto:Access.Admin@nccourts.org).

USER INFORMATION			
User's Name (first, middle, last are required)		<input type="checkbox"/> Name Change	Print Name (to appear on documents)
Rank/Title	<input type="checkbox"/> Sworn <input type="checkbox"/> Non-Sworn	Social Security No. (last four digits)	Mother's Maiden Name
Officer/Employee ID No.	NCAOC User ID (NCAOC-assigned)	Requested Action For User (select only one)	Separation Date
		<input type="checkbox"/> Add New User <input type="checkbox"/> Change For Existing User <input type="checkbox"/> Delete/Terminate Access	

AGENCY INFORMATION		
Agency Name	Agency County	Agency ORI Number

AGENCY TYPE – Mark applicable box below and provide additional details as required.		
<b>Local</b> <input type="checkbox"/> Police Department <input type="checkbox"/> Sheriff's Office <input type="checkbox"/> Campus Police <input type="checkbox"/> Company Police <input type="checkbox"/> Private Security Company: _____	<b>State</b> <input type="checkbox"/> ALE District: _____ <input type="checkbox"/> SBI Division: _____ <input type="checkbox"/> SHP Troop: _____ District: _____ <input type="checkbox"/> Wildlife Enforcement Division: _____	<b>Federal</b> <input type="checkbox"/> FBI <input type="checkbox"/> Military Police <input type="checkbox"/> Other: _____

SYSTEM ACCESS REQUEST – Specify (A) for Add, (D) for Delete, or leave blank in space provided.
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\_\_\_\_ User is designated as a Password Administrator to reset other users' passwords for NCAOC systems accessed by this agency's users.

<b>NCAWARE</b> ____ Standard Access ____ Inquiry Only ____ Local Administrator Counties in Jurisdiction: _____	<b>File Manager</b> ____ NCAWARE LE Interface	<b>eCITATION®</b> ____ Officer ____ Records Clerk ____ Administrator	<b>Other NCAOC Systems</b> ____ Civil Inquiry (VCAP) ____ Criminal Inquiry (ACIS) ____ Criminal Discovery Upload
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USER AGREEMENT
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This request is for the sole purpose of performance of official law enforcement activities by an officer or employee of a law enforcement agency (LEA) with jurisdiction within the State of North Carolina. The User agrees to abide by all applicable federal, state, and local laws regarding appropriate access to public records of the courts, and agrees to abide by all information security policies and interagency agreements of the NCAOC and the N.C. Office of Information Technology Services (ITS). These policies include, but are not limited to, the following:

1. The User ID assigned to the User will be used only by the User; shared User IDs are not allowed. The User's password will not be revealed to other individuals at any time for any reason.
2. The User must remain with any device currently accessing an NCAOC information system. Sessions connected to NCAOC information systems must be disconnected immediately if the User is not in direct, immediate control of the accessing device.

The User shall not share with unauthorized personnel information that is exempt from the Public Records Act (G.S. Chapter 132), including, but not limited to, juvenile offender information or information regarding unreturned criminal processes. Officials, officers, employees, contractors, and agents of a government agency or subdivision of such agency are granted access to NCAOC information systems only for the performance of their official duties. Use of the access granted to NCAOC information systems for any purpose outside the scope of those duties may result in disciplinary action (including termination) and civil and/or criminal liability. The User further agrees that any violation of NCAOC and/or ITS security policies or of any federal, state, or local law regarding access to or security of NCAOC information systems may result in the immediate and irrevocable termination of User's access to NCAOC information systems at the sole discretion of the chief information officer of the NCAOC or his/her designee.

User's Signature	Date	User's Telephone No.
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SPECIAL INSTRUCTIONS/OTHER INFORMATION
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REQUESTING AUTHORITY
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The undersigned ("Requesting Authority") hereby acknowledges and agrees that this request is made pursuant to a valid and current licensing agreement between the NCAOC and the LEA in which the User is an officer or employee, for access to NCAOC information systems. The Requesting Authority asserts that he/she possesses the authority under that agreement to request access to NCAOC information systems for officers and employees of the agency.

Requesting Authority's Name (type or print)	Requesting Authority's Signature
Requesting Authority's Telephone No.	Date

(Over)

**INSTRUCTIONS FOR COMPLETING ACCESS REQUEST FORM (AOC-A-152)**

The Requesting Authority must complete the reverse side of this form to identify a user and request access to NCAOC information systems for that user. All required sections must be filled out correctly and completely. An authorized signature for approval must be provided. If the form is incomplete, illegible, unsigned, improperly signed, or not dated, it will be returned to the sender without further action by the NCAOC. Questions regarding proper use of this form should be directed to NCAOC Access Administration at (919) 890-2221.

**USER INFORMATION (Fields with \* must be entered)**

**\*User's Name:** Provide the User's complete first, middle, and last names (e.g., John Lee Dee).  
**Print Name:** Provide if a different version of the User's name is to be printed on official documents (e.g., J. L. Doe).  
**\*Rank/Title:** Supply the User's rank or title. \*Must check Sworn or Non-Sworn box. Persons checked as "Sworn" will automatically be placed in NCAWARE and be available for selection as a complainant, witness, or serving officer on a process within NCAWARE.  
**\*Social Security Number:** Provide the last four digits of the User's Social Security number.  
**\*Mother's Maiden Name** for the User is required for identification purposes.  
**Officer/Employee ID Number:** Provide the User's officer or employee ID number. (Required for sworn personnel.)  
**NCAOC USER ID:** The User's NCAOC User ID is required if changing, terminating, or deleting a User's access.  
**\*A Requested Action** must be selected for the User:  
 ■ Add New User  
 ■ Change For Existing User  
 ■ Delete/Terminate Access (**NOTE:** If deleting a separated User, access to each system does not need to be marked with "D.")  
**Separation Date** is required for a terminated User.

**AGENCY INFORMATION (Fields with \* must be entered)**

**\*Agency Name:** Provide the full name of the User's agency.  
**Agency County:** Provide the full name of the county, unless agency is State or Federal.  
**\*Agency ORI Number:** Provide the primary Originating Routing Identifier (ORI) number for the User's agency.  
**\*Select Agency Type:**  
 ■ Local – Select Police Department, Sheriff's Office, Campus Police, Company Police, Private, or "Other."  
 ■ State – Select ALE, SBI, SHP Troop and District, Wildlife Enforcement Division, or "Other."  
 ■ Federal – Select FBI, Military Police, or "Other."

**SYSTEM ACCESS REQUEST**

Enter (A) to add or (D) to delete the User's access and roles for the following:  
**Password Administrator:** The User is designated to be given the capability to reset passwords for other users within this User's agency for the purpose of accessing NCAOC systems.  
**NCAWARE:** Standard Access – capability to access all law enforcement functions. Inquiry Only – capability limited to viewing records only. Local Administrator – capability to perform system administrative functions for the agency. If officer jurisdiction covers multiple counties, please specify counties.  
**File Manager (NCAWARE LE Interface):** User capability to access data via a secure web interface.  
**eCITATION®:** Officer – create, print, transmit to NCAOC, and download his/her citations to local records management system; Records clerk – print and download all agency's citations into local records management system; Administrator – access to all officers' eCITATION accounts within agency for creating, printing, transmitting, viewing, and downloading into agency's local records management system.  
**Other NCAOC Systems:** Criminal Discovery Upload – ability to upload to the DAs' Discovery Automation System.

**USER AGREEMENT**

The User for whom access is being requested must read, understand, and agree to the statements in this section of the form. The User must sign, date, and enter his or her telephone number in this section.

**REQUESTING AUTHORITY**

The Requesting Authority must complete this section. The Requesting Authority is generally the head of the agency (e.g., the chief of police) or a designee named in the licensing agreement. The Requesting Authority's Printed Name, Signature, Date, and Telephone are all required. The individual serving as the Requesting (approving) Authority must print his or her name, add his or her telephone number and the date (of request), and sign in the Requesting Authority's Signature box to authorize access for the User.