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**LEGAL ORGANIZATION ADMINISTRATOR AUTHORIZATION**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby  
Attorney

assign/authorize \_\_\_\_\_ Attorney/Support Staff

Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

as the *Legal Organization Administrator* on behalf of:

Name of Firm/Agency: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Primary Telephone: \_\_\_\_\_  
Primary LOA Email: \_\_\_\_\_

As the *Legal Organization Administrator*,

\_\_\_\_\_  
(Print Name)

will have:  non-filing administrator legal status **or**  filing administrator legal status

Form should be submitted to [baradmissions@vicourts.org](mailto:baradmissions@vicourts.org)

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**Matter Numbers Functionality:**

*(This functionality provides associated case numbers linked with Superior Court case numbers)*

Does your firm/agency utilize internal case numbering?  Yes **or**  No

If yes, would you like Matters Functionality enabled?  Yes **or**  No

Authorizing Signature: \_\_\_\_\_  
Attorney Name: (Print) \_\_\_\_\_ Bar ID: \_\_\_\_\_  
Title: \_\_\_\_\_

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*For Office Use Only:* \_\_\_\_\_ *LOA Email:* \_\_\_\_\_  
*Date Completed:* \_\_\_\_\_ *Firm/Agency:* \_\_\_\_\_  
*Processed By:* \_\_\_\_\_  
*User ID:* \_\_\_\_\_