

Application for Access to E-Disclosure Service

Identification of Defence Counsel Applicant				
First Name	Middle Name	Last Name		
Law Firm Name			Law Society Bar Card ID #	
Address	Floor/Office	City	Province	Postal Code
Email		Verify Email		
To obtain access to this service, counsel must provide a phone number to be used for log in verification. You can provide one additional phone number. Once registered, users are assigned a user ID, password and PIN.				
Primary phone number for verification				
Second phone number (optional)				

Confidentiality Agreement and Conditions of Use

I hereby apply for credentials (user ID, password and PIN) to access the E-Disclosure service. I acknowledge and agree that such credentials are confidential to me and my firm. I give an undertaking for me and on behalf of my firm to:

1. Maintain the confidentiality of the credentials (user ID, PIN and password).
2. Only use the said service for the purposes of obtaining disclosure.

I acknowledge that failure to abide by the above undertaking may result in a refusal of access to the service.

I agree to promptly email jsg-imt-supportdesk@gov.ab.ca of any potential confidentiality breach and/or change to the above details in the Identification of Defence Counsel Applicant section above.

Dated at _____, Alberta this _____ day of _____, 20__

Signature: _____ Verified by: _____
(Please sign in the presence of the verifier)

Application Form Instructions

1. Complete the form online.
2. Once the form is completed:
 - a. Save a copy for your records.
 - b. Print and bring the form to a designated verifier in your area. You will be required to present your Alberta Law Society Identification Card and sign the form in the presence of the verifier.

OFFICE USE ONLY

Once verified, email a copy of the completed application to: jsg-imt-supportdesk@gov.ab.ca.