

eQuest™ Application

_____ requests approval for _____
(Agency Name) (Print Operator's Name)

with title _____ a part of the _____
(Title) (Division/Unit)

with work address of _____

with email _____ and with phone number _____.

to be assigned a appropriate level of access to Baltimore City Circuit Court's eQuest™ Juvenile case management system. Please mark the requested level of access required to perform duties.

General display only

Standard access as defined for the agency

Supervisor access as defined for the agency

I, _____, being the above named operator, abide by the Acceptable Use Policy of the Circuit Court for Baltimore City, understand that the password issued to me shall not be used by any other individual and that the unauthorized use of my password or a breach of any security procedures related to the use of my password may result in suspension of account, loss of employment, and criminal prosecution. Users must report within 1 business day when access is no longer needed so effected account can be securely removed from the system.

Signed/Date: _____

This operator is under my immediate supervision and I am requesting they have the above named access to the eQuest case management system.

Please Print:

(Name, Title) (Date)

(Signature) (Phone)

PLEASE FAX COMPLETED APPLICATION TO 443-263-2784.

PLEASE NOTE: Failure to complete this application will result in a delay of logon-id assignment.

Internal Use Only:

Name of data entry person _____

Authorization Group _____ Circle One: BALTCITY / TPR

User ID given _____ Date _____