

# LINX Subscription Account Setup - Attorney

Please fill out this form and return it to the Pierce County Clerk's Office at  
930 Tacoma Ave S Room #110 Tacoma, WA 98402

Account Type **ATTORNEY ACCOUNT**

## Attorney Account Fees

- E-filing account - Free
- Unrestricted Annually Access - \$200
- Unrestricted Monthly Access - \$25
- Unrestricted Case Access - \$25

Attorney Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ WSBA# \_\_\_\_\_

Case Number (if applicable) \_\_\_\_\_

## Staff Information (for existing staff with LINX accounts only)

**Attorney** shall be responsible for all activities of users who electronically file and serve at his or her direction or who obtain access through use of the subscriber's site.

- |                       |   |
|-----------------------|---|
| 1. Name and account # | <input type="checkbox"/> I want this person to receive copies of my emails from LINX. |
| 2. Name and account # | <input type="checkbox"/> I want this person to receive copies of my emails from LINX. |
| 3. Name and account # | <input type="checkbox"/> I want this person to receive copies of my emails from LINX. |
| 4. Name and account # | <input type="checkbox"/> I want this person to receive copies of my emails from LINX. |
| 5. Name and account # | <input type="checkbox"/> I want this person to receive copies of my emails from LINX. |

I agree to the terms of the 'LINX Subscription Agreement'

Date \_\_\_\_\_ Signature \_\_\_\_\_