



State of Rhode Island Judiciary

Supreme Court

Facilities, Operations, and Security

Licht Judicial Complex
2nd Floor – Room 205
250 Benefit Street
Providence, Rhode Island
(401) 222-6700
badges@courts.ri.gov

Information Regarding Court-Issued Identification Cards For Non-Judicial Agencies

Court identification cards may be issued to an employee of a non-judicial agency assigned to work in one of the court facilities on a daily basis. Requests for a court identification card must be submitted on the Access/Badge Request form by authorized personnel to badges@courts.ri.gov. Any person issued a court identification card will be required to sign an acceptance and acknowledgment form agreeing to all terms and limitations.

Court identification cards are issued by the Office of Facilities, Operations, and Security on Mondays through Fridays from 9:00 a.m. to 3:30 p.m. in room 205 on the second floor of the Licht Judicial Complex at the address above.

Lost identification cards must be reported in writing *immediately* to badges@courts.ri.gov. Issuance of replacement cards are assessed a fee of ten dollars (\$10.00) payable by check or money order only to “Rhode Island Judiciary.”

In the event of voluntary or involuntary reassignment, termination, or suspension of employment within the assigned facility or facilities, or in the event that an employee’s duties and/or responsibilities are changed such that access to the Rhode Island courthouses to carry out work related duties is no longer required, or as otherwise directed by Stephen J. Kerr, Director of Security, the identification card must be returned by the employee’s supervisor to the Director of Security within forty-eight (48) hours.

If you have questions regarding the issuance of court identification cards, you may contact Stephen J. Kerr at the address above.



State of Rhode Island Judiciary

Supreme Court Administrative Office of State Courts Facilities, Operations, and Security

Access/Badge Request

To obtain a badge, this form must be completed and submitted for approval to Stephen Kerr, Director of Security, at badges@courts.ri.gov. Within twenty-four (24) hours, if you receive an email confirmation authorizing the badge, bring a copy of the email and photo identification to the office at the location below.

Licht Judicial Complex - Facilities, Operations, and Security Office
250 Benefit Street, Room 205, Providence, RI 02903
(401) 222-6700
Monday through Friday from 9:00 a.m. to 3:30 p.m.

Badge Type		
<input type="checkbox"/> New Issue Start Date: _____	<input type="checkbox"/> Intern <input type="checkbox"/> Seasonal <input type="checkbox"/> Vendor End Date: _____	<input type="checkbox"/> Replacement/Lost Fee: \$10 check/money order for replacement cards made payable to Rhode Island Judiciary
<input type="checkbox"/> Access Change	<input type="checkbox"/> Defective/Damaged	<input type="checkbox"/> Court Appointed Special Advocate (CASA) Volunteer
<input type="checkbox"/> Attorney General's Office	<input type="checkbox"/> Name Change	<input type="checkbox"/> Renewal
Older credentials/parking pass to return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Building Access		
<i>Building</i>	<i>Secured Door/Area Access Needed</i>	
<input type="checkbox"/> Fogarty <input type="checkbox"/> Garrahy <input type="checkbox"/> Judicial Records Center <input type="checkbox"/> Licht <input type="checkbox"/> McGrath <input type="checkbox"/> Murray <input type="checkbox"/> Noel <input type="checkbox"/> Traffic		
<input type="checkbox"/> Fogarty <input type="checkbox"/> Garrahy <input type="checkbox"/> Judicial Records Center <input type="checkbox"/> Licht <input type="checkbox"/> McGrath <input type="checkbox"/> Murray <input type="checkbox"/> Noel <input type="checkbox"/> Traffic		
Grant same access as: _____ Copy the access of the individual named above to the current request.		
Parking		
Garrahy Garage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Name of Employee: _____
 Email: _____ Court: _____
 Primary Building: _____ Department: _____
 Authorized Requester: _____ Telephone: _____
 Authorized Requester's Signature: _____ Date: _____
 Comments: _____