



COMMONWEALTH OF VIRGINIA
COUNTY OF LOUDOUN
OFFICE OF THE CLERK OF CIRCUIT COURT

P.O. Box 550
LEESBURG, VIRGINIA 20178
703-777-0270

www.loudoun.gov/clerk

Gary M. Clemens
Clerk



Kevin J. Blatchley
Chief Deputy - Business Services

Laura E. Boudreaux
Chief Deputy - Operations & Finance

Karen M. Myers
Chief Deputy - Judicial Services

LOCRA Subscription Renewal Form

(This form is only to be used for existing subscription accounts)

Users on Subscription Account:

This renewal will cover the attorney and any authorized users to the account.

LOCRA Subscription Renewal Fee: \$120.00

Expiration Date: Upon renewal your expiration date will be June 30th of the next year.

Payment for your renewal can be made by check or credit card (Discover, Visa or MasterCard). There is a convenience fee of 4% or \$2.00 whichever is greater for use of a credit card. Please complete the Credit Card Authorization form if paying by credit card. **Check should be made payable to: Clerk of the Circuit Court**

Mail to:

Clerk of the Circuit Court
Attn: LOCRA Renewal
P.O. Box 550
Leesburg, VA 20178

(Renewal forms may be dropped off at the Civil or Criminal Division counters)

LOCRA Subscription Renewal

Renewing Attorney's Information:

Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Member of the Loudoun County Bar? Yes _____ No _____

Other Associations: _____

Authorized users on account (*cannot be another attorney*):

Name Email Address

Name Email Address

Name Email Address

Name Email Address

Signature of Attorney Date

Clerk's Office Use Only:

Date of Payment: _____ Method of payment: Check _____ Credit Card _____

Renewal approved by: _____ Date: _____

Renewal processed by: _____ Date: _____



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Credit Card Authorization Form

Company Name: _____

Credit Card Information: Discover ____ Visa ____ MasterCard ____

Cardholder Name: _____

Credit Card Number: _____

Credit Card Security Code: _____ Expiration Date: _____

Amount: _____ Convenience Fee: _____ (4%)

Total Charge to Credit Card: _____

Billing Address where credit card statements are sent:

Phone Number: _____

Being the cardholder or Corporate Officer, by signing below I specifically authorize Loudoun County Circuit Court Clerk's Office to charge my credit card for the services and convenience fees (4% or \$2.00 whichever is greater).

Signature: _____

Printed Name: _____

Date: _____