



# Missouri Office of State Courts Administrator SHOW ME COURTS PROSECUTOR PORTAL USER AGREEMENT

OSCA USE ONLY	
Date received	
userID	

**PRINT or TYPE** all information and **SIGN** below. Incomplete forms will be returned.

LAST NAME	FIRST NAME	NICKNAME	MI
TITLE / POSITION		TELEPHONE	
EMAIL ADDRESS - <b>REQUIRED</b>		EFFECTIVE DATE	
MUNICIPALITY/COUNTY NAME			
WORK ADDRESS			

**CHECK one:**            New user                      Change user information                      Terminate user  
**Security Role Check one:**            Prosecutor (can submit filings)                      Clerk (can create a filing but not submit)

In my official capacity as prosecutor for the municipality/county listed above, I am responsible for filing municipal/criminal charges with the court. I am requesting access to defendant and charge information via Show Me Courts Prosecutor Portal (PA Portal) in order to file municipal/criminal charges with the appropriate court.

I understand and agree that I will submit the required data elements and a signed electronic copy of the complaint or uniform citation to the court through the PA Portal.

I agree to use the state approved charge codes.

If the data elements on defendants and charges are submitted to the PA Portal by law enforcement and I choose not to file those charges with the court, I agree that I will indicate within the PA Portal that I am not filing on those charges.

I agree to use PA Portal only for the purposes stated herein and as authorized by law. I agree not to disclose confidential defendant and charge information to any party or individual that is not entitled to that information under law. I agree that I am responsible for all PA Portal access by my user ID and that I am responsible for maintaining the confidentiality of my SMC PA Portal password. The sharing of my user ID and password to permit access to PA Portal by another individual is prohibited.

I understand that the unauthorized use or disclosure of confidential case information by me or anyone who obtains the information through access provided to me will result in the immediate revocation of my access to PA Portal. I understand that the Office of State Courts Administrator (OSCA) may terminate my access to PA Portal for any reason including non-use, and that OSCA or other authorized personnel may monitor activity of the PA Portal system and report on any suspected misuse.

PROSECUTOR'S STAFF SIGNATURE - <b>REQUIRED</b> for PROSECUTOR STAFF ACCESS	DATE

**TO BE COMPLETED BY AGENCY APPOINTING AUTHORITY OR SECURITY CONTACT:**

I hereby authorize this user to have access to the following confidential case types:

PROSECUTING ATTORNEY SIGNATURE - <b>REQUIRED</b>	DATE

**RETURN** signed forms to: **smcsc@courts.mo.gov**  
 OSCA Systems Security  
 PO Box 104480  
 Jefferson City MO 65110

Voice (Help Desk): 888-541-4894