



SCALES User Access Request

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Existing Contexte ID: _____ **N/A**

Telephone: _____

Email: _____

County Location: _____

Secret Word: _____

4-Digit PIN: _____

Program Type:

Adult Drug Court Veterans Treatment Court Alternative Sentencing Program
 Mental Health Court HOPE-Swift Court DWI Court

Team Role:

Judge Coordinator Prosecuting Attorney
 Defense Attorney Probation Officer Treatment Provider
 Law Enforcement Officer Mentor Coordinator Other

Please email completed forms to Janet Hawley at janet.hawley@arcourts.gov