



KIMBERLY A. ALLEN
GRANT COUNTY CLERK
and Clerk of the Superior Court

Cheryl L. Hill-Roberson, Chief Deputy Clerk

Grant County Clerk’s Office
Odyssey Portal MASTER Registration*

Firm/Agency:		
Head of Firm/Agency Name:	Bar No.	
Mailing Address:		
City:	State:	Zip Code:
Contact Phone Number:		
Email:		

List staff within your firm/agency allowed to access and view public cases. All staff should be linked to an attorney’s bar number (if applicable). This will allow staff to view confidential items of the attorney of record. Each user must have a unique email address.

Name	Unique Email Address	Phone No.	Bar No.

Number of Employees in Firm/Agency:

I understand that this registration shall be submitted and renewed annually with the \$25.00 annual fee (per agency) paid each January of each year. User ID’s and passwords shall not be shared and I will **notify the Grant County Clerk within five (5) working days when I have a change in staff** using the Modify Master Registration Form.

Dated this _____ day of _____, 20_____.

Signature of Head of Firm/Agency

***SUBMIT WITH CONFIDENTIALITY AGREEMENT FOR ACCESS TO ODYSSEY PORTAL (one per user).**