

Virginia Judiciary Collections System (VJCS)

Registration Application

Select One: **Initial Registration**
(Complete All Sections)

Update Court Information
(Complete Sections 1, 3 & 5 only)

Select **ALL** Virginia Judiciary Electronic System accounts that you are currently registered with by checking the appropriate box.

VJCS

VACES

Section 1 - Organization Information

Fields marked with an asterisk (*) are required.

*Organization Name _____
*Address 1 _____
Address 2 _____
*City _____ *State _____ *Zip _____
*Phone Number _____ Ext _____ Fax Number _____

Section 2 - Authorizing Party Information

Please refer to Section 4.6.2 in the [VJCS Terms and Conditions \(End User License Agreement\)](#) for a definition of an Authorizing Party. Fields marked with an asterisk (*) are required.

*First Name _____ *Last Name _____ M. Initial _____
Suffix _____ *Title _____ Email _____
*PIN: **Choose a unique combination of FOUR or more characters. This PIN will be used during the registration process. It is the Authorizing Party's responsibility to provide the Administrator with this PIN.**

Section 3 - Court Information

Use the menu to select the courts for which your organization is under contract with the Commonwealth's Attorney(s) to serve as the collection agent. Select all that apply, you must select at least ONE court. To select multiple courts, press the CTRL key and then click Add. To reset this section, click Clear.

Available Courts

Selected Courts

Section 4 - Administrator Information

Select ONE of the following Administrator user types by checking the appropriate box. Please refer to Section 4.6.4 in the [VJCS Terms and Conditions of Use \(End User License Agreement\)](#) for the definitions of the user types. Fields marked with an asterisk (*) are required.

Select one: Administrator Administrator/Agent

Contact Information:

*First Name _____ *Last Name _____ M. Initial _____
Suffix _____ *Title _____ *Email _____
*Phone Number _____ Ext _____ Fax Number _____
 Use the same address as organization

*Address 1 _____
Address 2 _____
*City _____ *State _____ *Zip _____

Section 5 - Authorizing Party Signature

VJCS Terms and Conditions of Use

To review the VJCS Terms and Conditions of Use (End User License Agreement), click on the following link:
<http://www.vacourts.gov/online/vjcs/termsandconditions.pdf>

VJCS Privacy Policy

To review the VJCS Privacy Policy, click on the following link:
<http://www.vacourts.gov/online/vjcs/privacypolicy.pdf>

The VJCS Privacy Policy is considered to be a part of the VJCS Terms and Conditions of Use (End User License Agreement).

The organization is under contract with the Commonwealth's Attorney(s) to serve as the collection agent for the court(s) indicated on this form. I have read and agree to the VJCS Terms and Conditions of Use (End User License Agreement) and the VJCS Privacy Policy.

| | |
|---------------------------------|-------|
| *Signature of Authorizing Party | *Date |
|---------------------------------|-------|

Name of current Authorizing Party (required only, if application is being used to update court information).

After you have completed and signed your application, send the completed form to the OES Administrator via **fax** to **804-371-5034** or via **email** to vjcscollect@vacourts.gov. Digital signatures will be accepted. Please also provide a copy to the court(s).