



**Franklin County Clerk  
and Clerk of Superior Court  
Michael J. Killian, Clerk**

## Franklin County Superior Court Odyssey Portal Master Registration

Agency/Firm:		
Mailing Address:		
City:	State:	Zip:
Email:		

- <sup>1</sup> Please provide a phone number for each person that will work for Dual Factor Authentication.**
- <sup>2</sup> Staff within my agency/firm allowed to access and view public cases. All staff should be linked to an attorneys bar number. This will allow staff to view confidential documents of the attorney of record.**

Name	Email (Must be unique, No Generic Emails. See User Guide, pg. 3 for example)	Phone Number <sup>1</sup>	Bar No. <sup>2</sup>

Number of Employees in Firm/Agency:
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I understand that this registration shall be renewed annually. User Id's and passwords shall not be shared and that I will notify the Franklin County Clerk within five working days when I have a change in staff using the Modify Master Registration Form. ***Retain a copy of this for your records.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature Head of Agency/Firm