



**Fulton County District Attorney's Office
Junior District Attorney Program**



Participation Application

General Information

First Name: _____ Middle Name: _____ Last Name: _____

Gender (circle one): M F Age: _____ Date of Birth: _____

Address: _____ Parent Name: _____

Parent Email: _____ Primary Telephone: _____

Education

School Attending (must be in Fulton County): _____

Grade in Fall, 2017 (circle one): 6th Grade 7th Grade 8th Grade

Interests/Hobbies: _____

Student Signature: _____ Size in Adult T-Shirts: Small Medium Large X-Large

On a separate sheet of paper, handwrite a paragraph about why you would like to be in the Junior DA Program.

If my child is accepted, I agree to fully participate and commit to the Fulton County District Attorney's Office Junior DA Program guidelines.

Parent Signature: _____ Date: _____

Print Name: _____

Sessions are held every Tuesday and Thursday in July from 8:30am - 3:00pm.

Two missed sessions will result in withdrawal from the program.

For more information: Shari Jones, District Attorney's Office, 136 Pryor St SE, Atlanta, GA 30303
404-449-6737 Shari.Jones@FultonCountyGa.Gov

Fax completed handwritten applications to 404-612-0167 DEADLINE: June 1, 2017