

Seventeenth Judicial District Attorney's Citizens Academy

Dave Young, District Attorney



Application Form

Please complete this form and return it by mail, email or fax by Sept. 10, 2018 to:

Sue Lindsay

1000 Judicial Center Dr.

Brighton, CO 80601

Email: WebSiteEmail@da17.state.co.us

Fax: (303)835-5522

Complete EVERY question unless stated as "optional" (otherwise your application may be returned as incomplete.)

APPLICANT IDENTIFYING INFORMATION

(Please print or type)

Name (Last, First, Middle)		Date	
Address		City	Zip Code
Telephone	Mobile Phone	Email Address	
Sex <input type="radio"/> Female <input type="radio"/> Male	Date of Birth (mm/dd/yyyy)		Driver License or COLO ID#
Occupation		Name of Employer/School	
How long have you lived and worked in Colorado?			
1. Lived in CO: _____ years _____ month			

1. **EDUCATIONAL BACKGROUND:** Please tell us about your education background, including the highest level of education you completed.

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2. **HOW DID YOU LEARN ABOUT OUR CITIZEN ACADEMY?**

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3. WHAT IS YOUR INTEREST IN THE CITIZENS ACADEMY?

[Empty text box for question 3]

4. WHAT WOULD YOU LIKE TO LEARN FROM THE ACADEMY?

[Empty text box for question 4]

5. HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZENS ACADEMIES?

[Empty text box for question 5]

6. DO YOU HAVE ANY PAST ARRESTS, CONVICTIONS, OR PENDING COURT CASES?

(Include all felonies, misdemeanors and dui.)

YES NO

a. If you answered "yes" to question 6, please list below the DATE, AGENCY, CHARGE AND DISPOSITION. Attach additional sheets if necessary.

Date:	Agency:	Charge:
Disposition:		

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the District Attorney's Office, 17th Judicial District as part of the application process. I hereby authorize any law enforcement agency to release to the District Attorney's Office, 17th Judicial District any and all information which said agencies may have about me, whether public, personal or confidential. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspections such documents and information.

SIGNATURE

DATE

PRINT YOUR FULL NAME