



**OFFICE OF THE STATE ATTORNEY  
FIFTH JUDICIAL CIRCUIT**  
*Serving Marion, Lake, Citrus, Sumter, Hernando Counties*

**Citizens Prosecutor Academy  
Application**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
(Last, First Middle)

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Address)

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

List any civic organizations or activities in which you are currently involved:

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How did you learn about the Citizens Prosecutor Academy?

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Why would you like to attend the Citizens Prosecutor Academy? What do you hope to learn?

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**PERSONAL REFERENCES**

1. \_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_

(Phone) (Relationship to Applicant)

2. \_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_

(Phone) (Relationship to Applicant)

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_

(Name) (Address)

\_\_\_\_\_

(Phone) (Relationship to Applicant)

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please provide details of the arrest, including the date, place of arrest, and disposition.

\_\_\_\_\_

\_\_\_\_\_

Does any family member have a pending criminal charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please provide details of the charge, including whether the family member is currently placed on regular or deferred probation.

\_\_\_\_\_

\_\_\_\_\_

Please disclose the username for all your social media accounts (ie: Facebook, Twitter, Instagram, etc.).

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application are sufficient cause for rejection for enrollment or dismissal from the Citizens Prosecutor Academy. I also understand that any participant may be removed from the Citizens Prosecutor Academy if they are disruptive or otherwise inhibit the purpose of this program.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*\*Please include a copy of your driver's license and submit it with your application.*

**Return completed application by mail or email to:**

**Office of the State Attorney, Fifth Judicial Circuit  
Attn: Cindy Harper  
110 NW 1<sup>st</sup> Ave, Suite 5000  
Ocala, FL 34475  
(352)671-5800  
charper@sao5.org**