

## OFFICE OF THE STATE ATTORNEY FIFTH JUDICIAL CIRCUIT

Serving Marion, Lake, Citrus, Sumter, Hernando Counties

## Mini Citizens Prosecutor Academy Application

Date of cours	e:		□ Morning session	□ Afternoon session	
Name:(Last. First Middle)			Driver's License #:		
	()				
Address:	(Street or P.O. Box)				
	(succe of 1.0. box)		(Zip code)		
	E-Mail Address:				
Employer:	(Name)		(Address)		
Work Phone:	Occupation:				
List any civic	organizations or activitie	es in which	you are currently involv	ved:	
How did you	learn about the Citizens F	Prosecutor	Academy?		
Why would y	ou like to attend the Citiz	zens Prosec	cutor Academy? What do	o you hope to learn?	

## **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.

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