

## OFFICE OF THE STATE ATTORNEY FIFTH JUDICIAL CIRCUIT

Serving Marion, Lake, Citrus, Sumter, Hernando Counties

## Citizens Prosecutor Academy Application

Date of Applic	cation:	
Name:	(Last, First Middle)	Driver's License #:
	(Last, First Middle)	
Date of Birth:		
Address:	(Street or P.O. Box)	
	(Street or P.O. Box)	
	, Florida	
(City)	<del></del>	(Zip code)
Phone:	E-Ma	ail Address:
Employer:		
	(Name)	(Address)
Work Phone:	Occ	upation:
List any civic	organizations or activities in which	you are currently involved:
How did you l	earn about the Citizens Prosecutor A	Academy?
Why would yo	ou like to attend the Citizens Prosecu	utor Academy? What do you hope to learn?

## **EMERGENCY CONTACT INFORMATION**

(Name)	(Address)
(Di	(Relationship to Applicant)
(Phone)	(Relationship to Applicant)
Have you ever been arrested? Yes	No
If you answered yes, please provide de arrest, and disposition.	tails of the arrest, including the date, place of
Does any family member have a pendi	ng criminal charge? YesNo
If you answered yes, please provide de member is currently placed on regular	tails of the charge, including whether the family or deferred probation.
Please disclose the username for all yo	ur social media accounts (ie: Facebook, Twitter, Instagram, etc.).
	CERTIFICATION
statements and answers to questions. I u are sufficient cause for rejection for enr	I misrepresentations, omissions, or falsifications in the foregoing understand that any omission or false statements on this application collment or dismissal from the Citizens Prosecutor Academy. I also e removed from the Citizens Prosecutor Academy if they are cose 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: Community Development
110 NW 1<sup>st</sup> Ave, Suite 5000
Ocala, FL 34475
(352)671-5800
community@sao5.org