



2019
PARTICIPANT APPLICATION
PLEASE PRINT OR TYPE

Full Name: _____ Date of Birth (MM/DD/YY): _____

Address: _____

Employer: _____

Organization You Represent (if any) _____

Driver's License Number: _____ State of Issuance: _____

Telephone: _____ Email Address: _____

Social Security Number: _____ - _____ - _____ (for criminal records check)

Do you currently have any criminal or civil case(s) pending before the Court? [] Yes [] No

Have you ever been charged with a felony offense? [] Yes [] No

Have you been charged with a misdemeanor offense within the last two years? [] Yes [] No

Are you currently on parole or probation? [] Yes [] No

If yes to any of the above, please explain in detail:

Three horizontal lines for providing details.

(Criminal records checks are conducted on each applicant. Any intentional misrepresentation will be grounds for immediate dismissal.)

Please list any medical conditions, allergies and/or medications you feel we may need to know about:

Two horizontal lines for listing medical information.

Emergency Contact: _____ Name _____ Relationship _____

Phone Number(s): _____ (h /w /c) _____ (h /w /c)

Have you participated in any other citizen's academy? No Yes

If yes, name of academy & year(s): _____

Court College is a 7-week program. Will you be able and willing to **attend no less than 6** of the 7 sessions? Yes No

REQUIRED RESPONSE QUESTIONS

Why would you like to participate in Court College?

What is one thing you would like to change or understand better about our judicial system? Why?

How will you use the information learned during Court College to help your community?

AGREEMENT

By signing this application, I acknowledge that I have completed the above information completely and accurately. I acknowledge that I am at least 18 years old, a resident of Mecklenburg County or conduct business in Mecklenburg County, and do not have any pending criminal or civil case(s) in North Carolina. I am giving the Trial Court Administrator's Office permission to conduct a standard background check. The Trial Court Administrator's Office has total discretion regarding my participation in the 26th Judicial District Court College program.

Signature of applicant

Printed name of applicant

Date

Submit application and \$25 program fee (check or money order, payable to *Justice Initiatives*) to:
Trial Court Administrator's Office
Attn: Court College
832 East Fourth Street, Suite 4420
Charlotte, NC 28202
Or
Mecklenburg.CAO@nccourts.org

**ALL APPLICATIONS MUST BE RECEIVED BY
FRIDAY, JANUARY 11, 2019**