



OFFICE OF THE DISTRICT ATTORNEY

GEORGE H. BRAUCHLER, DISTRICT ATTORNEY
18TH JUDICIAL DISTRICT
SERVING ARAPAHOE, DOUGLAS, ELBERT AND LINCOLN COUNTIES

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2017
18th Judicial District
District Attorney's Spring Citizens Academy
Castle Rock, Colorado
April 12, 2017 thru May 17, 2017

Application Form

APPLICANT IDENTIFYING INFORMATION (Identifying information is required.)

Full Name				Other Names Used	
Address					
City & State				Zip Code	
Home Telephone		Cell Phone		Email	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth		Race/ Ethnicity	
Driver's License or CO ID #		Occupation		Name of Employer/School	
Soc. Sec. #					

HOW LONG HAVE YOU LIVED AND WORKED IN COLORADO?

1. Lived in Colorado _____ years _____ months
2. Worked in Colorado _____ years _____ months

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

HOW DID YOU LEARN ABOUT OUR CITIZENS ACADEMY?

YOUR INTEREST: Why are you interested in attending the Citizens Academy? Please tell us one or two things you are hoping to learn by the end of this six week long academy.

Please answer yes or no to the following questions. If you answer yes to any of the questions, please provide the date and court location as relevant. Additional space is provided below these questions for any additional information you would like to provide.

	Yes	No	
Are you currently serving as a Juror?			If Yes: Date _____ Court _____ Location _____
Have you received a Juror Summons for a future date?			If Yes: Date _____ Court _____ Location _____
Have you served as a Juror in Arapahoe, Douglas, Lincoln or Elbert County?			If Yes: Date _____ Court _____ Location _____
Have you previously participated in the 18 th Judicial District Attorney's Citizens Academy?			If Yes: Date: _____

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

(include all felonies, misdemeanors and DUI offenses.)

Yes No

a. If you answered "Yes", please list below the Date, Agency, Charge, and Outcome: (Attach additional sheets if necessary.)

DATE: _____ AGENCY: _____

CHARGE: _____

DISPOSITION/OUTCOME:

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the District Attorney’s Office, 18th Judicial District as part of the application process. I hereby authorize any law enforcement agency to release to the District Attorney’s Office, 18th 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 inspection of such documents and information. I understand the 18th Judicial District, District Attorney's Office reserves the right to exclude my participation in the academy. The District Attorney's Office does not need to give me a reason as to why I was not selected. **Preference will be given to those applicants who have not previously attended the 18th J.D. District Attorney’s Citizen’s Academy.**

SIGNATURE OF APPLICANT DATE

PRINT YOUR FULL NAME

Thank you for your interest. Please return this form via email to:

bmw@da18.state.co.us

720-874-8487

or Fax to:

720-733-4689

Applications may also be delivered or mailed to the following address:

**District Attorney’s Office
4000 Justice Way; Suite 2525-A
Castle Rock, CO 80109**

Attn: Barbara Martin-Worley