



# 26<sup>th</sup> JUDICIAL DISTRICT COURT COLLEGE APPLICATION

***PLEASE PRINT OR TYPE***

Organization You Represent (if any) \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Telephones: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Are you currently employed? No Yes, where: \_\_\_\_\_

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

If so, which one(s) and what year(s): \_\_\_\_\_

Court College is a seven week session. Are you able to attend no less than 6 of these sessions? Yes No

If not, what is not allowing you to do so? \_\_\_\_\_

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

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Emergency Contact: \_\_\_\_\_  
Name Relationship

Phone Number(s): \_\_\_\_\_

**AGREEMENT**

By signing this application, I acknowledge that I have completed the above information completely and accurately. I acknowledge that I am at least 21 years old, a resident of Mecklenburg county, and do not have any pending Criminal or Civil case(s) in Mecklenburg County. 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 26<sup>th</sup> Judicial District Court College.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

On a separate sheet of paper to be included with your applicaiton, please indicate why you would like to participate in Court College listing any expectations and specific areas of interest. Submit to:

Trial Court Administrator's Office  
ATTN: Court College  
832 East Fourth Street, Suite 4420  
Charlotte, North Carolina 28202

**ALL APPLICATIONS MUST BE RECEIVED BY  
FRIDAY, SEPTEMBER 11, 2015**

JUSTICE  
INITIATIVES

educate • advocate • support • advance

