



OFFICE OF THE DISTRICT ATTORNEY
 Brett W. Ligon, DISTRICT ATTORNEY
 Montgomery County

207 West Phillips Street
 Conroe, TX 77301
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2019
MCDA Citizen Prosecutor Academy
Conroe, Texas
August 12, 2019 thru November 4, 2019*

**All participants must be willing to commit to 12 sessions taking place every Monday at 6:30pm throughout the duration of the program. Sessions will be held at the District Attorney's Office. There WILL NOT be a session on September 2, 2019. Montgomery County Office buildings will be closed due to Labor Day.*

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"/>	Date of Birth*		Race/ Ethnicity	
	Female <input type="checkbox"/>				
Driver's License or TX ID #		Occupation		Name of Employer/School	
Soc. Sec. #					

* MUST BE AT LEAST 18 YEARS OLD TO PARTICIPATE IN THE MCDA CITIZEN PROSECUTOR ACADEMY

HOW LONG HAVE YOU LIVED AND WORKED IN TEXAS?

1. Lived in Texas _____years _____months
2. Lived in Montgomery County _____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 CITIZEN PROSECUTOR ACADEMY?

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

CIVIC ACTIVITIES: Please include any present or past membership on City or County committees, commissions, boards, or participation in the activities of community groups or organizations.

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. 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 a County or District court in Montgomery County?			If Yes: Date _____ Court _____ Location _____

HAVE YOU PREVIOUSLY PARTICIPATED IN OTHER TYPES OF CITIZEN ACADEMIES? Please list all other Citizen Academies you have participated in along with the year of attendance.

HAVE YOU, YOUR SPOUSE, ANY FAMILY MEMBER OR CLOSE PERSONAL FRIEND EVER BEEN ACCUSED, ARRESTED OR CONVICTED OF A CRIME ABOVE THE LEVEL OF A TRAFFIC TICKET? 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 Montgomery County District Attorney’s Office as part of the application process. I hereby authorize any law enforcement agency to release to the Montgomery County District Attorney’s Office any and all information, which said agencies have about me, for the limited purpose of aiding the Montgomery County District Attorney’s Office in evaluating my eligibility for participation in the Citizen Prosecutor Academy. 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 inspecting such documents and information. I understand the Montgomery County 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. I also understand that any participant may be removed from the Montgomery County District Attorney’s Citizen Prosecutor Academy if said participant is disruptive or otherwise inhibits the concept or implementation of this program.

I represent and warrant the answers I have provided to each of the foregoing questions are complete and true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT DATE

PRINT YOUR FULL NAME

APPLICATIONS MUST BE RECEIVED ELECTRONICALLY OR POSTMARKED BY August 2, 2019

ALL APPLICANTS WHETHER OR NOT ACCEPTED WILL BE NOTIFIED BY August 7, 2019

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

DA.Citizen@mctx.org

or Fax to:

936-760-6940

Attn: Lyndsee Speakmon

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

**District Attorney’s Office
207 West Phillips Street, Suite 200
Conroe, TX 77301**

Attn: Lyndsee Speakmon