

Please print legibly or type all responses.

STUDENT INFORMATION:

Student Name _____ Expected Date of Graduation _____

Student Year _____ Student ID Number _____

Student Address _____

Student Phone Number _____ Student Email Address _____

17TH JUDICIAL CIRCUIT OF FLORIDA SUMMER PROGRAM:

Please indicate which program you are applying to: _____ Pro Bono Service _____ Judicial Field Placement (3 credits)

Please rank the Circuit Court Division where you prefer to intern by numbering each in order of preference:

_____ Civil	_____ Drug Court	_____ Juvenile Dependency
_____ Criminal	_____ Family	_____ Mental Health
_____ Domestic Violence	_____ Juvenile Delinquency	_____ Probate

APPLICATION CHECKLIST:

- Completed 17th Judicial Circuit of Florida Application Cover Sheet
- Current GPA _____ (Minimum required GPA is 2.5) LRW I Grade _____
- Approved Resume by the Career and Professional Development Office: Counselor Name _____ Date Approved _____
- Writing Sample (Required to be between 8-10 pages)
- Number of Credits Completed Prior to Summer Term _____ (Minimum required Number of Credits is 28)
- List of Professional References

	1 st Reference	2 nd Reference
Name:		
Title:		
Email:		
Phone Number:		
Relationship to you:		

- Court Administrator's Office Application
- Volunteer Law Student Intern Form
- Authorization for Background Investigation
- Broward County Courthouse – Employee Vehicle Information

CERTIFICATION:

I hereby certify that: the information listed above is true and correct to the best of my knowledge; I am a first- or second-year (or third-year part-time) law student currently enrolled at NSU Shepard Broad College of Law; if I am accepted I will coordinate and adhere to a set schedule with my Judge; that I will comply with the conditions set forth in the Judicial Internship Professionalism Agreement if awarded a judicial internship; and I do not intend to transfer to another law school.

Signature of Student _____ Date _____

COURT ADMINISTRATOR'S OFFICE

APPLICATION

PLEASE CIRCLE: VOLUNTEER OR INTERN

This application must be filled out completely and accurately.

DATE: _____

NAME: _____ S.S# _____

ADDRESS: _____

TELEPHONE: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

NUMBER OF DAYS/HOURS PER WEEK INTERESTED IN VOLUNTEERING/INTERNING: _____

**PLEASE PROVIDE BEGIN DATE: _____ END DATE: _____

Please specify the program and the position in which you are interested in volunteering/interning your time: _____

Please describe your qualifications and skills required for the above position: _____

Highest level of education completed: _____

Are you a student? _____ Name of School (if applicable): _____

Describe major studies/special training: _____

Person to Notify in Case of Emergency

Name: _____ Work #: _____

Address: _____ Home #: _____

References

Name: _____ Telephone #: _____

Address: _____

Name: _____ Telephone #: _____

Address: _____

COURT ADMINISTRATOR'S OFFICE

1. I agree to follow the policies and procedures of the Broward County Court Administrator's Office and its programs.

2. I agree to volunteer/intern a specified number of hours on a schedule acceptable to the Court Administrator's Office and its programs.

3. I agree to do volunteer/intern work under the direction of an assigned supervisor.

4. I will not divulge any confidential information regarding persons served by the program.

5. I understand that the Court Administrator may discontinue volunteer/intern services at any time.

6. I will serve the Court Administrator's Office and its programs without compensation.

Signatures:

Volunteer/Intern: _____ Date: _____

Program Director/Judge: _____ Date: _____

Court Administrator: _____ Date: _____

VOLUNTEER LAW STUDENT INTERN

I, _____, understand that in my capacity as a Volunteer Law Student Intern,

- I may have access to “records of the judicial branch” which include “court records” and “administrative records” as defined in Fla.R.Jud.Admin. 2.420.
- I also understand that such records may contain “confidential” or “exempt” information as defined in Fla.R.Jud.Admin. 2.420.
- I understand that I am prohibited from disclosing any non-public, confidential or exempt information that I may become privy to through my volunteer internship with the Seventeenth Judicial Circuit or Broward County Court.
- I also understand that I will not use such non-public court information for my personal gain or benefit.
- I agree that all information obtained during the internship shall remain confidential and not discussed with any other person.
- All memoranda, research and other documents obtained during the internship remains the property of the Seventeenth Judicial Circuit and may not be reproduced or forwarded without the explicit consent of the Circuit. Any approved writing sample must have all references to the case name, number, parties, judge, etc. removed from the document.
- I agree not to discuss pending cases in any public area.
- I further agree that should I fail to abide by these rules of confidentiality, my internship with the Circuit or County will immediately cease and such conduct reported to my law school.

Signature of Volunteer Law Student Intern

Date: _____

AUTHORIZATION FOR BACKGROUND INVESTIGATION

All spaces must be completed

Please print legibly or type

Name _____
(Same as on driver’s license and/or other government issued identification) Last First Middle

Any other name used (e.g. former name, alias, maiden name) _____

Social Security Number _____

Driver’s License Number _____

State of DL Issuance _____

Ethnicity American Indian or Alaskan Native
 Asian or Pacific Islander
 Black (not of Hispanic Origin)
 Hispanic
 White (not of Hispanic Origin)

Sex Female Male

Present Address _____

Telephone Number _____

E-Mail Address _____

I hereby authorize the 17th Judicial Circuit, its officers, agents, and employees, to conduct a background investigation which will include verification of my education, previous employment, criminal records as held by any entity, and driving record as held by any entity. I release the 17th Judicial Circuit, its officers, agents, and employees, from any liability whatsoever in connection with the background verification or use of the results in determining if a contract will be executed by the 17th Judicial Circuit with the undersigned.

Volunteer/Intern Signature

Date Signed

BROWARD COUNTY COURTHOUSE

EMPLOYEE VEHICLE INFORMATION

Date Issued _____
B.C.J.C # _____
Garage _____
(East or West)

Name _____
Last First Middle

Current Address: _____

Home Telephone # _____

Driver's License # _____ State _____

Social Security # _____ Date of Birth _____

Primary Vehicle Information:

Year _____ Make _____ Model _____ Color _____ License Plate # _____

Please List Any Other Vehicles You May Park In The Garage:

Year _____ Make _____ Model _____ Color _____ License Plate # _____

Year _____ Make _____ Model _____ Color _____ License Plate # _____

Year _____ Make _____ Model _____ Color _____ License Plate # _____

Department: _____ Work Phone # _____

Supervisor's Name _____

Signature _____

Date _____