



# YOUTH MOCK TRIAL APPLICATION FORM SUMMER 2023

**STUDENT'S FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NAME OF HIGH SCHOOL:** \_\_\_\_\_

**CAREER INTERESTS (ex: lawyer, paralegal, investigator):** \_\_\_\_\_

**PARENT/GUARDIAN'S FULL NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PARENT/GUARDIAN'S FULL NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHOTO RELEASE:** I give the State Attorney's Office permission to use my child's photo for public relations purposes.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed applications should be emailed to the State Attorney's Office at [communications10@sao10.com](mailto:communications10@sao10.com) or mailed to the Polk County Courthouse:

255 N Broadway Ave., 2nd Floor  
Drawer SA, P.O. Box 9000  
Bartow, Florida, 33831

