



YOUTH MOCK TRIAL APPLICATION FORM SUMMER 2025

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 or mailed to the Polk County Courthouse:

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

