

*PLEASE RETURN TO PATI BARTON, VICTIM/WITNESS DIVISION, TRAVIS COUNTY DISTRICT ATTORNEY'S OFFICE

*WE MUST HAVE A SIGNATURE ON RELEVANT FORMS TO PROCESS APPLICATION

*PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION



Rosemary Lehmberg ☆ Travis County District Attorney

P.O. Box 1748 Austin, Texas 78767 • Telephone: 512-854-9400 • Fax: 512-854-9695

**APPLICATION FOR UNIVERSITY OF TEXAS SCHOOL OF LAW PROSECUTION
INTERNSHIP/CLINIC**

**I am applying for the Prosecution Internship/Clinic for FALL or SUMMER semester of
_____ (year)**

Date _____

Name _____
Last First M.I.

Address _____
City State Zip

Email _____

Home Telephone: () _____ Business/Cellular Phone: () _____

Are you employed? _____ If Yes, Part-time or Full-Time _____

If employed, where, in what capacity and for how long? _____

Law School Attending and Expected Date of Graduation: _____

I anticipate being eligible for a Temporary Trial Card during the Internship: Yes / No

Bi-Lingual? Yes / No If yes, which language(s)? _____

Which of your job or volunteer experiences do you believe will be most relevant to this program and why? _____

Have you participated in any other Clinical Programs offered at The Law School? Which ones?

What are your strengths and weaknesses that you will bring to this program?

Strengths: (1) _____

(2) _____

(3) _____

Weaknesses: (1) _____

(2) _____

(3) _____

Have you had experience involving: (Please explain):

Child Welfare _____

Juvenile or Family Court System _____

Domestic Violence _____

Foster Care _____

Child Abuse (Psychological, Sexual, Physical or Neglect) _____

Criminal Justice System _____

Psychotherapy and Counseling _____

Victimization _____

Please write a brief statement about why you are interested in participating in the UT Internship/Clinic Program with the Travis County District Attorney's Office. Also, please attach a copy of your resume to this application.

REFERENCES

Please list three references:

Name: _____

Address: _____

Phone _____ Occupation _____

How long have you known this person? _____

Name: _____

Address: _____

Phone _____ Occupation _____

How long have you known this person? _____

Name: _____

Address: _____

Phone _____ Occupation _____

How long have you known this person? _____



**OFFICE OF THE
DISTRICT ATTORNEY**

P.O. Box 1748, Austin, TX 78767
Telephone 512/854-9400
Telefax 512/854-4206

RONALD EARLE
DISTRICT ATTORNEY

ROSEMARY LEHMBERG
FIRST ASSISTANT

PLEDGE OF CONFIDENTIALITY

I recognize and understand that the business of the District Attorney's Office is confidential and cannot be revealed to anyone outside the Office. I promise that I will hold in confidence all information, which I may learn that pertains to cases or other official business of the District Attorney's Office. I will not violate the confidential relationships among the District Attorneys Office, its volunteers, related agencies, courts and all parties interviewed. I will not remove any record from the Office without written permission.

I will return all information that I have gathered, together with any printed matter or notations relevant to any and all cases to which I have been assigned, at the close of a case or if my service to the District Attorney's Office comes to an end. This includes returning any identification nameplates, badges or insignia that identify me as an intern or volunteer of the Office.

Signature

Date

Address

Telephone Number

Witness

The State of Texas
County of Travis

KNOWN ALL MEN BY THESE PRESENTS:

That I, the undersigned _____, do hereby authorize a review and disclosure as allowed by law of all records concerning myself to any duly authorized agent of the Travis County District Attorney's Office, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for disclosure as allowed by law of the following records: law enforcement agencies; educational institutions, financial or credit institutional, including records of loans; and employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me.

I certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I also certify that Travis County and the Travis County District Attorney's Office and its employees are released from any liability whatsoever for requesting, obtaining or evaluating information pursuant to this authorization.

A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Travis County conducts all job inquiries in compliance with the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, Public Law 93-1122, Section 504, and with the provisions of the Americans with Disabilities Act of 1990, Public Law 101-336 [S.933]. Travis County does not discriminate against any employee, applicant for employment, or eligible client based on race, religion, color, sex, age, sexual orientation or handicapped condition.

Print Name
Names

List All Other Current/Previously Used

Signature

Street Address

Date of Birth (Month/Day)

City / State / Zip Code

Social Security Number

Telephone Number

Drivers License Number and State

Witness Signature

