23rd Judicial District Attorney's Office Citizens Academy - 2025

APPLICATION FORM



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PERSONAL INFORMATION (IDENTIFYING INFORMATION IS REQUIRED)

Full Name	
Other Names Used	:
Date Of Birth	: (MM DD YYYY)
Gender	: Male Female Nonbinary
Race / Ethnicity	
Driver's License / Colorado ID #	
Social Security Number	:
Address	:
City	: Zip Code :
Phone Number	
Email	
Highest Level	Some High School High School Graduate /GED Some College
of Education	Associate Degree Bachelor's Degree Master's Degree
	Professional / Doctorate Degree Other
Occupation	
Name of Employer / : School	

CRIMINAL JUSTICE SYSTEM BACKGROUND

Please answer "Yes" or "No" to each of 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.

		If yes, please provide the court location.	If yes, please provide the date.
Are you currently serving as a Juror?	Yes No		
Have you received a Juror Summons for a future date?	Yes No		
Have you served as a Juror in Douglas, Elbert, or Lincoln County?	Yes No		
Are you currently a victim in an open court proceeding?	Yes No		

Yes	No
Agency, Charge	d "Yes" to the question above, please list the Date, e, and Outcome. nal sheets if necessary.)
Date	
Agency	:
Charge	:
Disposition / Outcome	:
Date	:
Ageney	
Agency	
Charge	
Disposition / Outcome	
Date	:
Agency	
Charge	
Disposition / Outcome	

Do you have any past arrests, convictions, or pending court cases?

(Include all felonies, misdemeanors, and DUI offenses.)

CITIZENS ACADEMY INTEREST

Have you attended a Citizens Academy before?
Yes No
If you answered "Yes" to the question above, please provide the Date and Agency.
Date :
Agency :
How did you learn about our Citizens Academy?
Why are you interested in attending? Please tell us one or two things you're hoping to learn by the end of the academy.

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be completed by the District Attorney's Office, 23rd Judicial District as part of the application process. I hereby authorize any law enforcement agency to release to the District Attorney's Office, 23rd Judicial District any and all information which said agencies may have about me, whether public, personal, or confidential. 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 inspection of such documents and information. I understand the District Attorney's Office, 23rd Judicial District reserves the right to exclude my participation in the academy. The District Attorney's Office, 23rd Judicial District does not need to give me a reason as to why I was not selected.

SIGNATURE OF APPLICANT	DATE

Thank you for your interest!

Please return this form via email to:

DACitizensAcademy@coda23.gov (720) 733-4500

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

23rd Judicial District Attorney's Office Attn: Citizens Academy 4000 Justice Way, Suite 2525A Castle Rock, CO 80109

If you would prefer to fax your application, applications can be faxed to:

(720) 733-4630

Deadline to Apply is October 12, 2025