



**STATE OF CONNECTICUT  
JUDICIAL BRANCH  
APPLICATION FOR COURT AIDE SERVICE**

**PERSONAL INFORMATION**

NAME			
HOME ADDRESS (Street) (City) (State) (Zip Code)			TELEPHONE NO. ( )
Parents' Name		Parents' Telephone Number	
DATE OF BIRTH	PLACE OF BIRTH (List City & State)	NAME OF EMERGENCY CONTACT	PHONE NUMBER OF EMERGENCY CONTACT ( )
PLEASE LIST ANY LANGUAGES YOU SPEAK FLUENTLY:		EMAIL ADDRESS:	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:		DO YOU HAVE ANY CASES PENDING IN CT OR ANY OTHER STATE? <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:	

**SCHOOL DATA**

NAME OF HIGH SCHOOL		
HIGH SCHOOL ADDRESS		
PROGRAM	CAREER COUNSELOR	PHONE NUMBER: ( ) EXT:
CURRENT LEVEL	SENIOR <input type="checkbox"/> Yes <input type="checkbox"/> No	GRADUATION DATE:
REQUIRED NUMBER OF HOURS	Have you ever held a paid position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you work in that position?
Do you plan on attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted at a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No	What will be your major?

PLEASE EXPLAIN BELOW WHY YOU WOULD LIKE TO PARTICIPATE IN THE JUDICIAL BRANCH COURT SIDE PROGRAM. (PLEASE ATTACH AN ADDITIONAL SHEET, IF NECESSARY.)

**BACKGROUND INFORMATION**

I authorize the Judicial Branch to conduct a verification of education and criminal history records pertaining to me. I hereby authorize persons, schools and other organizations to release to the Judicial Branch information that may be requested. I agree to discharge the Judicial Branch and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

APPLICANT'S SIGNATURE	DATE SIGNED
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