

**JUDICIAL BRANCH EXPERIENTIAL LEARNING PROGRAMS -
(JBELP) APPLICATION FOR INTERN SERVICE**

JD-ES-318 Rev. 12-15

STATE OF CONNECTICUT
**SUPERIOR COURT
JUDICIAL BRANCH**
www.jud.ct.gov



Instructions:

1. Complete Page 1 of this form, and send it, along with your resume and a cover letter, by mail to: *Judicial Branch External Affairs Division, Experiential Learning Programs, Two Riverview Square, 99 East River Drive, Room 701, East Hartford, CT 06108* OR by e-mail to: external.affairs@jud.ct.gov
2. Fill out Sections A. and B. on page 2, and have a school official or faculty member complete Section C. of that page and return it to the Judicial Branch.

ADA NOTICE

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

I. General Information

A. Personal Information

Name (Last, first, middle initial)	Date of birth
Home address (Number, street, city, state, and zip code)	Telephone number (Cell)
E-mail address	Telephone number (Home)
Emergency contact name	Emergency contact telephone number
Languages (List any languages that you speak fluently)	

B. School Information

Name of school		
Campus address		
Department	Referring professor	Telephone number and extension
Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Major	Grade point average
Current education level <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post-graduate		Graduation date

C. Availability

Please list the days and times you are available to work as an intern. Please be aware that you must work at least ten (10) hours per week and at least five (5) hours per day to take part in the Judicial Branch Experiential Learning Programs.

Day	Times Available		
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	

Please list the number of hours that you are required to intern to get credit from your school, if applicable: _____

II. Judicial Branch Internship Verification

Please note that Section C. **must** be completed and returned to the Judicial Branch by a school official or faculty member.

A. Student Information

Name (Last, first, middle initial)

Name of school

Department

Will you be asking to get school credit for taking part in an internship with the Judicial Branch? Yes No

B. Release of Information

I authorize my school to release the educational information requested in Section C. below to the Judicial Branch to verify my eligibility to take part in the Judicial Branch Experiential Learning Programs.

Signature	Print name	Date
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Instructions to School Official or Faculty Member:

1. The student listed above is applying for an internship with the Connecticut Judicial Branch. Please complete Section C. below, so the Judicial Branch can verify that the student is eligible to take part in an internship. Please be sure to include any special requirements that the student must complete during the internship, if any.
2. Return the completed form by mail to: Judicial Branch External Affairs Division, Experiential Learning Programs, Two Riverview Square, 99 East River Drive, 7th Floor, East Hartford, CT 06108. OR by e-mail to: external.affairs@jud.ct.gov

C. School Official/Faculty Verification

1. Is the student listed above in good standing at your school? Yes No
2. Has the student listed above been approved to take part in an internship with the Judicial Branch through your school? Yes No
3. Will the student listed above get school credit for successfully completing the internship program with the Judicial Branch?
 Yes No
4. If the student will get school credit, how many hours must the student work during the semester to get school credit? _____

Please list any special requirements that the student must complete for this internship.

Please sign below to verify the information in Section II.C. of this form, and include your contact information.

Signature	Print name
Title	E-mail address
Office phone number	School
Address	City, State, Zip Code