

JUDICIAL BRANCH EXPERIENTIAL LEARNING PROGRAMS (JBELP) - APPLICATION FOR COURT AIDE PROGRAM

JD-ES-330 New 10-17

STATE OF CONNECTICUT
SUPERIOR COURT
 www.jud.ct.gov



Instructions to Applicant:

1. Complete Page 1 of this form, and sent it 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 email to: *external.affairs@jud.ct.gov*.
2. Fill out Sections II.A., and II.B., on page 2, and have a school official or faculty member complete section II.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)	Year of birth
Home address (Number, street, city, state, and zip code)	Telephone number (Cell)
E-mail address	Telephone number (Home)
Parent or Guardian Name	Parent/Guardian phone number
Alternate Emergency Contact Name	Alternate Emergency contact telephone number
Languages (List any languages that you speak fluently)	

B. School Information

Name of school	
Address (Number, street, city, state, and zip code)	
Referring School official or faculty member	Telephone number and extension
Graduation date	

C. Please explain why you wish to participate in the Court Aide Program

D. Availability

Please list the days and times you are available to volunteer as a Court Aide

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

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

Signature of applicant	Date
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II. Judicial Branch Court Aide Verification

Please note that Section C. of this section 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

B. Release of Information

I authorize my school to release the educational information requested in Section C. of this section, below to the Judicial Branch to verify my eligibility to take part in the Judicial Branch Court Aide Program.

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

1. The student listed above is applying to participate in the Connecticut Judicial Branch Court Aide Program. Please complete Section C., below, so the Judicial Branch can verify that the student is eligible to take part in the program. Please be sure to include any special requirements that the student must complete during the program, 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, Room 701, East Hartford, CT 06108 OR by email to: external.affairs@jud.ct.gov.

C. School Official/Faculty Member Verification

1. Is the student listed in good standing at your school? Yes No
2. Has the student listed above been approved to take part in the Court Aide Program through your school? Yes No
3. Will the student listed above get school credit for successfully completing the 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 meet.

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

Signature	Print name	Date
Title	School	
E-mail address	Office phone number	
Address (Number, street, city, state, and zip code)		