



Sacramento County District Attorney's Office

ANNE MARIE SCHUBERT
District Attorney

Stephen J. Grippi
Chief Deputy

Michael A. Neves
Assistant District Attorney

2018 Criminal Justice Shadow Day Registration Form

To apply, please fill out the information below and mail it with a signed permission slip from your parent/guardian:

Name: _____

DOB: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone: _____

School: _____ **Grade:** _____

Parent/Guardian: _____

Parent/Guardian Phone: _____ **Email:** _____

How did you learn about our Criminal Justice Shadow Day? _____

Job Shadow: August 3, 2018 (please number your first and second preference; our goal is to place you with your first preference but due to limited number of mentors this may not be possible)

Prosecutor Defense Attorney Law Enforcement Officer Investigator Probation Court

Applications and original permission slips should be mailed to:

Anna Zepeda
Sacramento County District Attorney's Office
901 G Street
Sacramento, CA 95814



Questions can be addressed to Anna Zepeda at youthprograms@sacda.org or 916-874-5251.



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PARENT/GUARDIAN STATEMENT OF CONSENT

I hereby give consent to the Sacramento County District Attorney's Office for my child to participate in the Criminal Justice Shadow Day (CJSD) on August 3, 2018 from 8:00 a.m. to 1:30 p.m.

I understand that in addition to activities within the District Attorney's Office, CJSD will also travel to other facilities where CJSD participants will walk. I understand that my child will be under the supervision of designated employees from the participating county and state agencies.

I understand and agree that during the course of the program the students may be photographed for use on the District Attorney's web and social media sites to promote and publicize this program.

As parent or legal guardian, I am responsible for providing transportation for my child to the **Sacramento County Board of Supervisors' Chambers at 700 H Street and from the Sacramento County District Attorney's Office at 901 G Street, Sacramento, CA 95814.**

I hereby give my permission for medical treatment to be administered to my child in the event an injury occurs at any time during the activity.

I understand that any shadowing that takes place within the Sacramento County Superior Court may include observation of serious criminal cases.

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

I consent, to all of the above, for _____
Student's Name (Print)

Authorized by: _____
Signature of parent/guardian Date



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CODE OF CONDUCT

Participants of the Criminal Justice Shadow Day are expected to:

- Wear appropriate attire with comfortable shoes (no shorts, caps/hats, saggy pants, open-toe shoes, tank tops, or mini skirts).
- Follow instructions given.
- Be respectful of all District Attorney personnel, guest speakers, and fellow students.

***Failure to follow the established guidelines may result in your dismissal from the program.**

I, _____, agree to participate in the Criminal
PRINT STUDENT NAME

Justice Shadow Day and adhere to the above mentioned guidelines.

STUDENT SIGNATURE

DATE