



Sacramento County District Attorney's Office
THIEN HO
District Attorney

2023 Criminal Justice Shadow Day Registration Form

Registration deadline EXTENDED to Friday, July 21, 2023
Accepted on first come, first served basis, limited to 75 students.
Seniors receive priority.

To apply, please fill out the information below and email it to youthprograms@sacda.org with a signed permission slip from your parent/guardian:

Name: _____ DOB: _____

Address: _____

Email Address: _____

Phone: _____ School: _____ Grade: _____

Gender: _____ Female _____ Male

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Prior participation in one of our Youth Programs? If so, which one: _____

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

Job Shadow: 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)

#1 Choice: _____ #2 Choice: _____

On a separate sheet of paper please write a paragraph answering the following question:

1. Why do you want to participate in the Criminal Justice Shadow Day? _____

Applications and original permission slips should be scanned and emailed to:
youthprograms@sacda.org



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PARENT/GUARDIAN STATEMENT OF CONSENT

2023 CRIMINAL JUSTICE SHADOW DAY

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, 2023 from 8:00 a.m. to 12:00 p.m.

I understand that in addition to activities within the Board of Supervisors and District Attorney's Office, CJSD will also travel to the courthouse and 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 following:

- **Sacramento City Hall at 915 I Street - DROP OFF**
- **Jury Duty Parking Lot at 651 8th Street, Sacramento, CA 95814 (Across the street from the Sacramento County District Attorney's Office) - PICK UP**

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: _____



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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