

The District Attorney's Office for the 20<sup>th</sup> Judicial District is accepting applications from High School Senior students, either those entering the 12<sup>th</sup> grade or those who just completed the 12<sup>th</sup> grade. The goal of the DA Academy is to provide young people with knowledge and experience related to all aspects of the criminal justice field. The week long experience blends classroom learning with hands-on activities to expose participants to various topics, including criminal investigations, courtroom procedure, and criminal justice employment career paths. Participating youth will learn with hands on interactive activities including how to make charging decisions, question witnesses, speaking in public, the basics of the criminal justice system, and courtroom decorum. Additionally, these young citizens will be empowered to act as a positive influence in our community through the servant leader mindset.

The DA Academy meets June 23-27, Monday through Thursday from 8:00 a.m. to 3:00 p.m. and 8-12 on Friday. Students will be expected to be on time each day and should be picked up no later than 3:15 p.m. There is no cost to attend. Students are encouraged to bring snacks. Lunch will be provided. Students shall dress in business-casual attire as they will be present in court proceedings. Cell phones will be turned off at various times during the Academy or left in a locked location while in Court.

There are a limited number of openings. Transportation will not be provided. If you have special dietary needs, you will need to provide your own lunch. To be considered, all forms in the Application packet must be completed. Only Seniors attending high school or recently graduated from high school in Carter County will be considered. You may not have an open delinquent or criminal action against you. The District Attorney's office will not discriminate on the basis of race, gender, religion or sexual orientation.

Summer 2025

2025 DA Academy

June 23 – June 27

(8 am – 3 pm, Mon – Thurs, 8 am – 12 pm Fri)

#### The deadline for application is March 28, 2025.

Packet Contents:

Application

**Recommendation Letter** 

Medical Release Form

Participation Guidelines

Question

Completed application packets can be returned to the Carter County District Attorney's Office c/o Cassie Hightower, 107 1<sup>st</sup> Avenue SW, Ardmore, OK 73401 or emailed directly to <u>cassie.hightower@dac.state.ok.us</u>.

For more information contact the DA Academy Coordinator via email at <u>cassie.hightower@dac.state.ok.us</u> or by calling the office at (580) 223-9674.

# DISTRICT 20 DA ACADEMY APPLICATION

Please print

1001 50					
Name:					
Last	First		Middle	e Initial	
Address:					
		et/City/Zip)			
Phone:		Email:			
Student Phone				nt Email	
Age:	High School:				
Current Grade:			Graduated:	Y	Ν
. ,	dult S M L size given is in adult cloth		3XL		
Parent or Guardian Nam	ne:				
Phone:		Second Phor	าย:		
Email:					
Emergency Contact Nar	me:				
Phone:		Second Phor	ne:		
sponsored by the District Att District Attorney Council, its actions, and causes of action	fits that my child will receive f corney's Office for the 20 <sup>th</sup> Jud public officials, prosecutors, n which I may hereafter have oted to any happening or occu	licial District, I do , agents and emp on account of an	hereby release the loyees of any and y and all injuries a	he District A all liability, and damage	Attorney's Office, claims, demands, es to my child or to my

property arising out of or related to any happening or occurrence while my child is participating in the academy. I attest my child is physically fit and able to attend the DA Academy. I also authorize the staff of the District Attorney's Office to escort my child to locations for academy programs via foot. I give permission to the District Attorney's Office to use or release any media (photographs, video, social media, etc.) involving my child while participating in the DA Academy. I understand that this media may be released to local newspapers, television stations, and/or included on District 20 District Attorney's official websites and other promotional material for the District Attorney's Office.

Signature of Parent or Guardian

Date



#### DA ACADEMY LETTER OF RECOMMENDATION

Each applicant is required to have one recomment following:	dation. An acceptable recommendation can be from the
Your current se	chool Principal/Administrator
Your cu	rrent school counselor
A teacher or s	staff member at your school
Your Sc	hool Resource Officer
Applicant Name:	
The above name individual is applying to attend th Office. By signing below, you are providing us with	e <b>DA Academy</b> hosted by the Carter County District Attorney's your recommendation.
Re	ecommendation
Name:	Phone Number:
Relationship to applicant:	
Signature:	Date:



#### DA ACADEMY MEDICAL RELEASE FORM

I, \_\_\_\_\_\_ (parent or guardian's name) hereby give permission for any and all medical attention to be administered to my child \_\_\_\_\_\_ (child's name) in the event of an accident, injury, sickness, etc., under the direction of the Carter County District Attorney's Office (District 20 District Attorney's Office), until such time as I may be contacted. I also assume responsibility for the payment of any such treatment.

This release is effective for the period of the District 20 DA Academy.

Address: \_\_\_\_\_

Phone:\_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

As the parent or legal guardian of the above-named minor, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent, and the costs incurred for such treatment are the sole responsibility of the parent/guardian.

Signature of Parent/Guardian

Date

Please list any medical conditions or allergies the applicant has:

Please list all medications regularly taken by the applicant:



## DA ACADEMY PARTICIPATION GUIDELINES

Applicant Name: \_\_\_\_\_

I agree to follow all directions given by academy staff.

I understand I am required to be on time for all classes and activities.

I agree to participate in all class assignments and activities.

I will immediately report to the academy staff if I become ill or injured.

I will conduct myself in a professional manner at all times in or out of class.

I will present a professional appearance while attending the academy.

I understand that I am not an employee of the DA's office and will not attempt to present myself as an employee, attorney, prosecutor, or other law enforcement personnel.

I will not attempt to enforce any law violations or other legal situations.

I understand that tardiness, absenteeism, or violation of academy rules can result in my immediate dismissal from the program.

Applicant Signature

Parent/Guardian Signature



## DA ACADEMY QUESTION

Applicant Name: \_\_\_\_\_

Answer the following question: (brief explanation and utilize additional sheet if space is needed for answer)

#### Why do you want to attend the District 20 DA Academy?