

STATE OF CONNECTICUT  
 DIVISION OF PUBLIC DEFENDER SERVICES  
 Application for Intern Service

I am requesting internship for:  Winter-Spring  Summer  Fall  
 Legal Intern  Social Work Intern  Other

My geographical preferences for interning are:

**Personal Information**

Name ( <i>Last, first, middle initial</i> )		Email address	SSN
Any prior names or Maiden names as applicable			
Home address ( <i>Number, street, city, state, zip code</i> )			
Date of birth	Place of birth ( <i>City/Town, state, zip code</i> )		Home phone number
Driver License Number		State of Issuance	
Emergency contact name		Emergency contact phone number	
Languages ( <i>List any languages that you speak fluently</i> )			

Have you ever been convicted of a crime?  No  Yes (*explain here*)

Do you have any cases pending in Connecticut or any other state?  No  Yes (*explain here*)

**School Information**

Name of school		Residence or cellular phone number
Campus address		
Department	Referring Professor ( <i>if applicable</i> )	Phone number and extension
Length of internship	Major	Grade point average
Current education level		Graduation date
<input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Post Grad ( <i>indicate year</i> )		

Please explain below why you are interested in an internship with the Division of Public Defender Services (*attach additional sheet if necessary*).

**Background Information**

I authorize the Division of Public Defender Services to conduct a verification of education and criminal history records pertaining to me. I authorize persons, schools and other organizations to release to the Division of Public Defender Services information that may be requested. I discharge the Division of Public Defender Services and its employees from any claims, damages and liabilities arising from the retrieval, reporting or dissemination of information authorized by this release.

Applicant signature	Date signed
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