



# Fulton County District Attorney's Office Junior District Attorney Program

Fani T. Willis, District Attorney



# Participation Application

## General Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (circle one): M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent(s) Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_

## Education

School Attending (must be in Fulton County): \_\_\_\_\_

Grade in Fall, 2021 (circle one): 6th Grade 7th Grade 8th Grade 9th Grade

Interests/Hobbies: \_\_\_\_\_

Adult T-Shirts Size: Small Medium Large X-Large

Adult Polo Size: Small Medium Large X-Large

Submit a paragraph that explains why you should be accepted into the Junior DA Program.

If my child is accepted, I agree to fully participate and commit to the Fulton County District Attorney's Office Junior DA Program guidelines.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email completed application to :

**Krystal Lunsford, JD**

Fulton County District Attorney's Office  
136 Pryor Street Atlanta, Georgia 30303  
404-423-6567 • Krystal.Lunsford@FultonCountyGa.Gov

**Deonté Pollard**

Fulton County District Attorney's Office  
136 Pryor Street Atlanta, Georgia 30303  
404-613-1259 • Deonte.Pollard@FultonCountyGa.Gov

**DEADLINE: June 18, 2021**