



Fulton County District Attorney's Office Junior District Attorney Program

Fani T. Willis, District Attorney



Participation Application

General Information

First Name: _____ Last Name: _____

Gender _____ Age: _____ Date of Birth: _____

Address: _____

Parent(s) Name: _____

Parent Email: _____ Primary Telephone: _____

Education

School Attending (must be in Fulton County): _____

Grade in Fall, 2024(circle one): 6th Grade 7th Grade 8th 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 :

Rhonda Heckard

Fulton County District Attorney's Office Juvenile Court

404-612-4967(OFFICE) | 678-296-7420 (CELL) • Rhonda.Heckard@fultoncountyga.gov