



# Maricopa County Attorney's Office Citizens Academy Application

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Driver License \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Employer/Business Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

By checking this box I acknowledge that the Maricopa County Attorney's Office will conduct a criminal background check to determine my eligibility to participate in the Citizens Academy. Citizens Academy participants are permitted access to areas of the Office and County Jail not generally open to the public.

How did you hear about the Citizens Academy?

\_\_\_\_\_

The Citizens Academy is held from 8:00 a.m. until 4:00 p.m. Please indicate which date you are interested in attending

(Available dates listed at: [MaricopaCountyAttorney.org/Academy](http://MaricopaCountyAttorney.org/Academy))

**Mail or fax application to:**  
Maricopa County Attorney's Office  
Attention: Citizens Academy  
225 West Madison Street  
Phoenix, AZ 85003  
**Secure Fax Line: (602) 594-7394**