

DAUPHIN COUNTY JUDICIAL FELLOWSHIP PROGRAM

JUDICIAL FELLOWSHIP APPLICATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

GRADUATION DATE: _____

DATE OF BAR ADMISSION: _____

ATTORNEY ID NUMBER: _____

I AM INTERESTED IN BECOMING A JUDICIAL FELLOW FOR A JUDGE THAT PRIMARILY HEARS: (You are permitted to check more than one box. Your preference will be taken into consideration but is not guaranteed).

- CIVIL CASES
- CRIMINAL CASES
- FAMILY CASES
- NO PREFERENCE

I HAVE ATTACHED THE FOLLOWING TO THIS APPLICATION:

- COVER LETTER
- RESUME
- WRITING SAMPLE
- LAW SCHOOL TRANSCRIPT
- LIST OF THREE REFERENCES

I hereby certify that all of the information contained in this application is true and correct and I confirm that I have read and understand all of the fellowship guidelines.

Applicant Signature

Date