



**Coconino County Attorney's  
Citizen Prosecutor Academy**

**Application**

Name: \_\_\_\_\_ DL #: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(Last, First Middle)

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

Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Address)

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please explain where, when and disposition: \_\_\_\_\_

*Please note: Arrest or conviction of a crime does not automatically exclude you from participating.*

Does any family member have a pending criminal charge? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please provide details of the charge, including whether the family member is currently being prosecuted by the Coconino County Attorney's Office: \_\_\_\_\_

**I understand that all of the information I have provided is confidential and will be used solely for the purpose of placement in the Academy. I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)