



Dallas County

Public Defender's Office

Confidential

INTERNSHIP PROGRAM APPLICATION LAW STUDENT INTERN

PERSONAL INFORMATION

Name: _____
Address: _____
Phone: _____ Email: _____
Date of Birth: _____ Driver's License No. & State: _____
Last 4-Digit of Social Security No.: _____

SEMESTER TERM

Application Submission Date: _____

Semester for which I am applying:

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Type of Internship:

- ☐ Volunteer Intern
☐ Intern for Credit (You arrange credit through your school)
☐ Intern as part of grant or scholarship. Specify: _____
☐ Does the internship require a research or project?
☐ Post-Graduate/Post-Bar Internship

LAW SCHOOL

Name of Law School: _____

At the start of the internship, what year of law school will you be in?

☐ 1L ☐ 2L ☐ 3L ☐ Post-Graduate

Law School Sponsor or Internship Program Coordinator (if applicable):

Name _____

Email: _____

Projected Graduation Date: _____ Current GPA: _____

Undergraduate School: _____ Degree: _____ GPA: _____

ASSIGNMENT PLACEMENT

Please rank your preferred assignment from 1 to 9 (1 is most interested):

_____ Adult Criminal (Misdemeanor & Felony)	_____ Juvenile
_____ Mental Health	_____ Immigration
_____ Capital Division	_____ DNA Exonerations
_____ Appeals	_____ Immigration
_____ Family Law	_____ CPS
_____ No preference	

**See descriptions of each assignment on our website.*



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QUESTIONS & ANSWERS

Have you ever been convicted of a criminal offense? If yes, please provide dates and locations.

Why are you interested in the Dallas County Public Defender's Office?

What do you hope to gain from this internship program?

Which legal work or division are you most interested in, and why?

Will you be required to complete a project or research during this internship? If yes, what topics interest you?

Have you previously worked at a law firm or legal agency? If yes, what was your role and what contributions did you make?

Are you proficient in languages other than English? _____ If so, which languages: _____



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CERTIFICATION

I, _____, have read the Internship Program information in its entirety.
I certify that the information I have given in this application and attachments is my own, and is true, correct, and complete to the best of my knowledge.

Signature

Date

APPLICATION ATTACHMENTS

Please submit the following items to the Internship Coordinator:

Elizabeth Perry
Training Supervisor
pdinternship@dallascounty.org
Phone number: 214-653-3550

1. Cover Letter
2. Resume
3. Unofficial Transcript
4. Headshot
5. Writing Sample
6. Three to five letters of recommendation or names of references (please provide contact information of references)

No applications will be considered unless they are complete and sent to the email address above.