## YOUTH COURT ATTORNEY APPLICATION

## www.independenceyc.com 816-325-7750 or 815-325-7107

NAME				
LAST	FIRST		MIDDLE INITIAL	
ADDRESS				
CITY		STATE	ZIP_	
PHONE	E-M	AIL		
CELL PHONE #		RECEIVE	TEXTS? YES_	NO
SCHOOL	GRADUATION Y	EAR	D.O.B	
List your current school	ol activities and any offic	ces held:		
List any outside activiti	ies:			
	PARENT I	NFORMATI	ON	
Father's name				
Address if different		City	State	Zip
Home phone	Work phone			
Mother's name				
Address if different		City	State	_Zip
Home phone	Work phone			
Parents' permission to	participate:			
	Sign	ature		Date

