



S.M.I.L.E.—2025 Summer Session

Summer Mentoring In Legal Education

On behalf of the Gwinnett County Judicial Circuit, we invite you to apply for our summer legal education program for high school students: S.M.I.L.E. Gwinnett. This is a **free** program which will give you access and insight into your court system and the law. Our program is primarily located at the Gwinnett Justice and Administration Center in Lawrenceville. To be eligible, you must attend a high school in Gwinnett.

We will have speakers from all areas of the law and the courts. We will be discussing our Constitution, the structure of the court system, and different careers within the law. You will have the opportunity to participate in debates/mock trial, observe courtroom proceedings, and tour facilities.

Dates: (All Fridays)

- June 6, 2025 – 11:30 a.m. – 4:00 p.m. (includes lunch)
- June 13, 2025 – 1:00 p.m. – 4:00 p.m.
- June 20, 2025 – 1:00 p.m. – 4:00 p.m. (Medical Examiner's Office)
- June 27, 2025 – 1:00 p.m. – 4:00 p.m.
- July 11, 2025 – 8:00 a.m. – 1:30 p.m. (Gwinnett Co. Detention Center – Jail)
- July 18, 2025 – 1:00 p.m. – 4:00 p.m.
- July 25, 2025 – 1:00 p.m. – 7:00 p.m. (Celebration with family begins at 6:00 p.m. followed by a brief ceremony at 6:30 p.m. Finger foods and dessert will be served.)

You **MUST** provide your own transportation and be on time **for both drop off and pick up for events**. You must dress appropriately for the courthouse.

PLEASE COMPLETE THE APPLICATION AND THE PERMISSION/RELEASE FORM AND RETURN TO: **SMILE@gwinnettcountry.com** BY MAY 5, 2025.

S.M.I.L.E. Gwinnett

<https://www.gwinnettcountry.com/web/gwinnett/departments/courts/smilegwinnett>



S. M. I. L. E. GWINNETT APPLICATION FORM

AGE: _____ Current Grade: _____

First Name: _____ Last Name: _____

E-Mail address: _____ Cell #: _____

Street Address: _____

City: _____ Zip: _____ Current School: _____

Name of Parent(s) or legal guardian: _____ Daytime phone # _____

E-Mail Address of Parent(s)/guardian: _____ Cell #: _____

Emergency Contact (other than parent/guardian) Name and Phone #: _____

What do you hope to learn from the S.M.I.L.E. program? _____

Do you have an area of the law that you would like to learn more about? _____

Any special dietary restrictions, allergies, or other issues we need to be aware of since snacks may be provided from time to time: Yes No If yes, please list: _____

Have you ever been convicted of any crime, or do you have any pending criminal charges in any court? Yes No
If yes, please explain: _____

By SUBMITTING this application, you agree that if you are selected to participate, you will abide by the rules of the program, and you will always present yourself in a professional manner.

Signature of **Applicant** _____ Date: _____

Signature of **Parent/Guardian** _____ Date: _____

THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN TO BE CONSIDERED FOR THE PROGRAM

S.M.I.L.E. Permission Form and Release Form

Name of Student: _____

Please review the form in its entirety, initial each paragraph, and sign at the bottom:

_____ I hereby grant the Gwinnett County S.M.I.L.E. Program and Judge Kimberly A. Gallant permission to use any photos or video footage taken of my student in any articles or websites promoting or advertising the S.M.I.L.E. Program.

_____ I hereby grant permission for my student to attend the Gwinnett County S.M.I.L.E. Program field trip to the Gwinnett County Detention Center, tour of Medical Examiner’s Office, Gwinnett County Police Department, and/or any court facilities.

_____ I understand that the S.M.I.L.E. Program involves real life issues related to the interaction of the criminal and civil justice systems, and my student has my permission to participate in a program involving that subject matter, which may include sexual misconduct and/or abuse.

_____ I specifically authorize Judge Gallant, members of her staff, other Judges and court personnel, and the staff of the Gwinnett County Sheriff’s Department to take any reasonable action to obtain emergency medical care for my student during the course of my student’s participation in the S.M.I.L.E. Program and I absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician, or a hospital to safeguard my student’s health when I cannot easily be contacted. I also agree to be responsible for any medical expenses not covered by my health insurance.

_____ My student has the following medical conditions and takes the following medications:

_____ I agree that my student must provide his or her own transportation and be dropped off and picked up on time.

_____ I, the undersigned parent or legal guardian of the above-named student, acknowledge that as a condition of my student participating in the Gwinnett County S.M.I.L.E. Program, I and my student agree to indemnify and hold harmless Gwinnett County government, the Gwinnett County S.M.I.L.E. Program, Judge Kimberly A. Gallant, her staff, and any S.M.I.L.E. Program volunteers, from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney’s fees) for any harm, injury or death arising out of my student’s participation in the Gwinnett County S.M.I.L.E. Program.

Signature of Parent/Guardian: _____

Date: _____