



## **S.M.I.L.E.—You're in Court!**

### **Summer Mentoring Initiative in Legal Education**

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 will be located at the Gwinnett Justice and Administration Center in Lawrenceville.

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, criminal law, and accountability courts. You will have the opportunity to participate in mock trials, observe courtroom proceedings, and tour facilities.

#### **Dates:**

- June 8<sup>th</sup> – 9:00 a.m. – 4:00 p.m. (lunch will be provided)
- June 15<sup>th</sup> – 12:30 p.m. – 4:00 p.m.
- June 21<sup>st</sup> – 9:30 – 11:30 Tour of Medical Examiner's Office (optional)
- June 22<sup>nd</sup> – 12:30 p.m. – 4:00 p.m.
- June 29<sup>th</sup> – 11:45 p.m. – 4:00 p.m. Gwinnett Detention Center (lunch will be provided)
- July 13<sup>th</sup> – 12:30 p.m. – 4:00 p.m.
- July 19<sup>th</sup> – 12:30 p.m. – 5:30 p.m. (Reception begins at 5:30 p.m. followed by Graduation program at 6:15 p.m. finger foods will be served)

You will need to provide your own transportation. You must dress appropriately for the courthouse. Successful completion of the S.M.I.L.E. program requires no more than one absence. Courtroom observations on your own time will be required. There is no "homework," but participants will be expected to take notes when lawyers and judges appear as speakers. **PLEASE COMPLETE THE ATTACHED APPLICATION AND RETURN IT TO YOUR S.M.I.L.E. REPRESENTATIVE (DANA PAGAN or REBECCA STREETMAN) NO LATER THAN APRIL 13<sup>TH</sup>, 2018.**

**SUMMER MENTORING INITIATIVE IN LEGAL EDUCATION**

**(S.M.I.L.E.)**



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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade in Aug. 2018 \_\_\_\_\_ GPA as of 12/31/17: \_\_\_\_\_

School Attending in Fall 2018: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Name of Parent(s) or legal guardian: \_\_\_\_\_

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

Emergency Contact (if other than parent/guardian) – Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Any special dietary restrictions, allergies or other issues we need to be aware of:  Yes  No

If yes, what? \_\_\_\_\_

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 not miss more than one session, you will abide by the rules of the program, and you will present yourself in a professional manner at all times.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (authorizing applicant to participate in this program) Date: \_\_\_\_\_

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

Name of Child/ Ward: \_\_\_\_\_

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

\_\_\_\_\_ I hereby grant the Gwinnett County State Court S.M.I.L.E. Program and Judge Pamela D. South permission to use any photos or video footage taken of my child/ward in any articles or websites promoting or advertising the S.M.I.L.E. Program.

\_\_\_\_\_ I hereby grant permission for my child/ward to attend the Gwinnett County State Court S.M.I.L.E. Program field trip to the Gwinnett County Detention Center. Tour of Medical Examiner's Office, and any court facilities.

\_\_\_\_\_ I understand that the S.M.I.L.E. Program involves issues related to the interaction of the criminal and civil justice systems, and my child/ward has my permission to participate in a program involving that subject matter.

\_\_\_\_\_ I specifically authorize Judge South, Judge Iannazzone, members of their staffs, and the staff of the Gwinnett County Sheriff's Department to take any reasonable action to obtain emergency medical care for my child/ward during the course of my child's/ward'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 child's/ ward'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 child/ward has the following medical conditions and takes the following medications:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I agree that my child/ward must provide his or her own transportation.

\_\_\_\_\_ I, the undersigned parent or legal guardian of the above-named participant, acknowledge that as a condition of my child/ward participating in the Gwinnett County S.M.I.L.E. Program, I and my child/ward agree to indemnify and hold harmless the Gwinnett County S.M.I.L.E. Program, Judge Pamela D. South, Judge Joseph C. Iannazzone, their staffs, 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 child's/ ward's participation in the Gwinnett County S.M.I.L.E. Program.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_