
HARRIS COUNTY PUBLIC DEFENDER'S OFFICE
INTERNSHIP PROGRAM APPLICATION

Name: _____ **Date:** _____

Address: _____

Phone: _____ **Email:** _____

Date of Birth: _____ **Drivers License Number:** _____

Semester: Fall 20____ Spring 20____ Summer 20____

Indicate any expected compensation, program participation, etc:

Intern for Credit (You arrange credit through your school)

Intern as part of grant or fellowship. Specify: _____

Other. Specify: _____

Proposed Terms: Start Date _____ End Date _____ Hours per week _____

Preferred Work Schedule (if known) Business hours are 8:30am – 5pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Time					

Law School: _____

1L 2L 3L **Graduation Date:** _____ **GPA/Rank:** _____

Undergraduate School(s): _____

Degree(s): _____ **GPA/Rank:** _____

Languages other than English in which you are fluent: _____

Rank your interests (1 is most interested and 5 is least interested)

____ Appeals ____ Felony ____ Mental Health ____ Juvenile ____ PC Court (in jail)

Why are you applying with us?

What is a criminal justice issue that interests you and why?

What do you want to do after law school?

Application Attachments:

1. Cover Letter
2. Resume
3. Unofficial transcript
4. Photo of yourself (to help us better remember you and to use in our directory if selected)
5. Writing Sample or Personal Statement (max 4 pages)
6. Letter(s) of recommendation or names and emails of references

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.

e-Signature

Date

Send your completed application, which includes: the application form, cover letter, resume, photo of yourself, writing sample, and any letters of recommendation or list of references to:

Intern.Applications@pdo.hctx.net

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