



ARIZONA FORENSIC SCIENCE ACADEMY

3-D ACADEMY APPLICATION

October 17, 2013 – November 7, 2013
 Maricopa County Forensic Science Center Auditorium

(Please complete and submit as a WORD document)

Name:	
Your title/position with office:	
Office name and address:	
Your e-mail address:	
Supervisor's name and e-mail:	
Your phone #s (office, cell, fax)	

This completed application must be submitted electronically to the Arizona Forensic Science Academy Board at ForSci@azag.gov by September 26, 2013 at 5:00 p.m. You may attach one page of additional information to supplement this application. All applicants must agree to attend a minimum of 75% of the academy sessions as attendance and active participation are critical to the successful completion of this course. You will receive electronic notification of our decision on your application by October 3, 2013.

Number of years of legal experience in all states.	
Briefly list your legal employment history with dates and positions held.	
Describe the types of cases in your current caseload and any previous experience with a specialty caseload.	
Describe your trial experience and involvement with forensic issues. Include the percentage of your practice which is dedicated to criminal cases.	
Summarize what you hope to gain from attending and how you plan to use this training in the future.	

Check this box if you attended the *Basic and/or Advanced Forensic Science Academy* and received a certificate of completion.

By checking this box, you are acknowledging your commitment to attending a minimum of 75% of the Academy sessions and actively participating in course activities.